

Over The Counter Medicine Permission Form

Student Name _____ *Grade* _____

Section _____ *Date* _____

I hereby give my permission for my student to receive the following Over the Counter Medicine during marching band activities.

Parent Signature _____

Medications will be dispensed upon request of your child as needed for headaches, allergy symptoms, upset stomach, menstrual pain or sore throat.

*Please cross out any medications that you **do not** want your student to take .*

Ibuprofen

Tylenol Extra Strength

Benadryl Allergy

Claritin (Non-Drowsy)

Tums (Ultra Strength 1000)

Halls Mentho-lyptus lozenges