

FAYETTEVILLE CITY SCHOOL SYSTEM  
Fayetteville, Tennessee

OVER-THE-COUNTER MEDICATIONS (OTC)  
PERMISSION FORMS FOR SHORT TERM USAGE

Student: \_\_\_\_\_ School: RAS FMS FHS

Medication: Children's Jr. Adult

Tylenol Motrin Advil Other: \_\_\_\_\_

Dosage: \_\_\_\_\_ teaspoon(s). 1 tablet 2 tablets 3 tablets 4 tablets

Time: \_\_\_\_\_ Not to exceed \_\_\_\_\_ doses per school day.

Reason medication is to be taken: \_\_\_\_\_

Date medication is to be discontinued and picked up by parent/guardian at school: \_\_\_\_\_

Common side effects of OTC: (Tylenol, Motrin, Advil) are headaches, dizziness, drowsiness, fatigue, nausea, vomiting, diarrhea, dry mouth, rash)

Other Side Effects: \_\_\_\_\_

It is understood that assistance in self-administration is given to the student solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Fayetteville City School System, the undersigned parent or guardian hereby agrees to release the Fayetteville City School System and its personnel from legal claim, which they now have or may thereafter have, arising out of any employee's assistance in a student's self-administration of medication.

I hereby give my permission for the above-listed student to self-administer the above listed OTC medications. I understand that if I send this medication to school for my child to take, *IT WILL BE SENT IN THE ORIGINAL BOTTLE WITH MY CHILD'S NAME WRITTEN ON THE CONTAINER.*

Date: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_

\_\_\_\_\_  
Current Address