



Date Form was Received by School \_\_\_\_\_

## Fowlerville Community Schools Permission Form for Non-Prescription Medications

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

**Parent/Guardian MUST supply the non-prescription medication  
in the original container.**

Subject to the approval of school administration, students in grades 6-12 may possess and self-administer non-prescription medications provided that prior written permission is provided to the school by the student's parent/guardian. Any medication a student possesses must in the *original container & include the dosage & frequency* of administration. (School Board Policy 8670) Students must be aware that they are **NOT** allowed to administer **ANY MEDICATION** to other students.

***To be completed by Parent/Guardian:***

By signing below you are acknowledging that you will follow the rules and regulations in the designated school's student handbook and be aware that there are severe consequences for sharing medications.

★ **Medication Name** \_\_\_\_\_

I request that (name of child) \_\_\_\_\_ be allowed to self-possess and self-administer the above medication at school according to the school policy. My child **will** follow package directions on the medication regarding the recommended dosage and frequency of ingestion/application.

\_\_\_\_\_  
Date Parent/Guardian Signature Relationship

\_\_\_\_\_  
Date Student Signature

**Parent/Guardian MUST supply the non-prescription medication  
in the original container.**