



# ST. JOHN NEUMANN CATHOLIC SCHOOL

*Continuing the Proud Tradition of St. Anne School*

## Non-Prescription Medication Form

Student Name: \_\_\_\_\_

Name of medication with parent/guardian's dosage directions:

Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Date(s) to be given: \_\_\_\_\_

Reason: \_\_\_\_\_

Other medications the student is taking:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date:

\_\_\_\_\_