



ST. JOHN NEUMANN CATHOLIC SCHOOL

Continuing the Proud Tradition of St. Anne School

Prescription Medication Form

This form must accompany the medication listed below
in its original "child-proof" container, labeled by the pharmacist or doctor.

Student Name: _____

Name of prescribing physician: _____

Name of medication and physician's dosage directions:

Medication: _____

Amount to be given: _____

Time to be given: _____

Date(s) to be given: _____

Reason: _____

Limitations on any specific school activities:

Other medications the student is taking:

Parent/Guardian Signature: _____ Date:
