

SMHS MEDICATION FORM
2024-2025

Please fill out, sign and return this page to the school office by Thursday, August 8, 2024, if applicable.

PLEASE PRINT information below legibly.

Unless this is filled out and signed by a medical physician, St. Michael High School cannot dispense ANY medication whatsoever.

Student Full Name: _____

Medicine to be given:

Rx _____

Dosage _____

Frequency _____

YES NO Given as a "non-complex medical service?"

YES NO School personnel distribute?

YES NO "Inhalant" must be in possession of student for emergency reasons?

Any side effects ?

YES NO "Epipen" must be in possession of student for emergency reasons?

Medicine to be given:

Rx _____

Dosage _____

Frequency _____

YES NO Given as a "non-complex medical service?"

YES NO School personnel distribute?

YES NO "Inhalant" must be in possession of student for emergency reasons?

Any side effects ?

YES NO "Epipen" must be in possession of student for emergency reasons?

Print Name of Physician: _____ Phone Number: _____

Signature of Medical Physician: _____ Date of signature: _____

Signature of Parent _____ Date of signature: _____

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