



## SMHS MEDICATION FORM 2025-2026 School Year

Please fill out, sign and return this page to the school office by Monday, August 18, 2025 to be in place for the beginning of the school year, if applicable.

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

**PLEASE PRINT** information below legibly.

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: \_\_\_\_\_

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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: \_\_\_\_\_