SMHS MEDICATION FORM
2026-2027 School Year

Please fill out, sign and return this page to the school office by Monday, August 10, 2026 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: _____

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: _____

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