



ST. JOSEPH PARISH SCHOOL

All non-prescription medication must be in its original container and include manufacturer's information and directions.

NON-PRESCRIPTION MEDICATION FORM

Name of Child: _____

Name of Medication: _____

Dosage: _____

Hours Medication Should Be Given: _____

Number of Days: _____

Special Concerns: _____

The above medication may be given to my child:

Parent/Guardian Signature: _____ Date: _____