

# ST. PAUL CATHOLIC SCHOOL NON-PRESCRIPTION MEDICATION FORM

**Requirements for non-prescription medication:**

- 1) ALL **non-prescription** medication must come to school in its original container or it will not be administered to the student.
- 2) Send only the amount that the child will need for that day. Do not send a full bottle or package of medication.
- 3) This form must be **completely** filled out or the medication will not be administered to the student.

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**Name of Student**

**Grade**

**Phone**

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**Address**

**AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION BY  
SCHOOL PERSONNEL**

I, \_\_\_\_\_ request school personnel to administer to  
**Parent or Guardian**

\_\_\_\_\_ grade\_\_\_\_, the medication named as follows:  
**Student**

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**Medication Name**

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**Dosage**

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**When and How Given**

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**Duration**

**My child is to receive this medication for the following reason:**\_\_\_\_\_

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**Parent/Guardian Signature**

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**Date**