

**ST. FRANCIS HIGH SCHOOL PRESCRIPTION MEDICATION FORM**

Prescription medications should be kept at home. Only those prescription medications that are prescribed by a physician to be taken during school hours are allowed at school. If your child must bring a prescription medication to school to take during the school day, please fill out the following completely:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent(s) Name(s): \_\_\_\_\_

Contact Information:

Mother's Work Phone: \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_  
Father's Work Phone: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_

Please list below the names of **all prescription medications** to be taken during the school day, the prescribing doctors' names, and the reasons for taking them. Use the back of this form if you need more space.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Doctor(s) contact information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For safety reasons, all prescription medications MUST BE IN THEIR ORIGINAL DISPENSING CONTAINERS and will be kept in the office of the school counselor or the Dean of Students.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_