St. John Paul II School
5-12 | Preparatory | Catholic

2025-2026

MEDICATION PERMISSION FORM
HEALTH OFFICE

This form is to be completed by a licensed prescriber for each prescription or non-prescription medication that is to be administered while the student is attending St. John Paul II School. **Please make additional copies and complete separate forms for each medication required.**

MEDICATION INFORMATION:

Student Last Name | Student First Name | Student MI | Gender | DOB

Parent/Guardian Last Name | Parent/Guardian First Name

Date of Order | D/C Date | (OR) PRN

Diagnosis

Medication

Dosage | Frequency | Route

Has the above named student received education about this medication
Including dosage, frequency, desired effects and possible side effects? ☐ Yes ☐ No

The above names student may be given, with parent permission ☐ Tylenol and/or ☐ Motrin

ADDITIONAL MEDICATIONS: (A separate form must be completed for each medication)

Additional Medications(s) taken by this Student

LICENSED PRESCRIBER INFORMATION AND SIGNATURE:

I Certify that, in my opinion, it is medically necessary for the above medication to be administered.

First Name | Last Name | Title

Address | City | State

Business Telephone | Business Fax

Prescriber Signature | Date