



PRESCRIPTION MEDICINE FORM

NHS Senior All Night Party – June 2, 2019 through June 3, 2019

Prescription medicine MUST be turned in WITH THIS FORM upon student check in on the evening of the event.

Medications will be made available to your student as indicated below. If you have questions, or if your student has special needs of which our volunteers should be aware, please contact the SANP committee at northvillesanp2019@gmail.com.

Name of Student: _____

Date of Birth: _____

Medication(s): _____

Directions for Administration:

Possible side effects of medication/additional comments:

I hereby request that my child be allowed to take the prescribed medication(s) listed above, under the circumstances described in the Directions for Administration, at the Senior All Night Party.

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Address: _____

Phone Number: _____

Date: _____