

**POWERS CATHOLIC HIGH SCHOOL
MEDICATION DOCUMENTATION**

Student's Name _____

Academic Year _____

Parent/Caregiver _____

Non Prescription Medication

Prescription Medication

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

**POWERS CATHOLIC HIGH SCHOOL
MEDICATION DOCUMENTATION**

Student's Name _____

Academic Year _____

Parent/Caregiver _____

Non Prescription Medication

Prescription Medication

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____