St. Xavier High School

Medication Form for Retreats/Overnight Trips

Over The Counter Medicine

All Over the Counter medicine is sent by parents labelled in original bottle with student name.

My son may take (circle dose)

_____ Ibuprofen 200mg/ 400mg as needed every 4-6 hours.

_____ Tylenol 325mg/ 650mg/ 500mg/ 1000mg as needed every 4-8 hours

Other Over the Counter medicine:

Name of medicine	Dose
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prescription Medication

Prescription medicine must be in original prescription bottle with proper label and student name.

Students will be responsible for taking and keeping medication.

____ Please have adult follow up with my son that he took his medicine.

Medication_____ Dose_____ Time_____

Medication_____ Dose_____ Time_____

Medication_____ Dose_____ Time_____

Medication_____ Dose_____ Time_____

Medication_____ Dose_____ Time_____

Parent Signature _____