Senior All Night Party

NORTHVILLE HIGH SCHOOL

PRESCRIPTION MEDICINE FORM

Prescription medicine MUST be turned in WITH THIS FORM upon student check in at 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 nhs.sanp.19@gmail.com.

Student Name: _____ Date of Birth: _____

Medication Name	Directions for Administration	Possible Side Effects / Comments

Use back of form if more space is needed.

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 Party.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Address: _____

Phone Number: _____