

**St. Bruno & St. Paul Parish
MEDICATION FORM**

Student Name _____

1. Medication name _____

Dosage/Frequency _____

2. Medication name _____

Dosage/Frequency _____

You have permission to give my child any of the following, as needed (check all that apply):

Ibuprofen Tylenol Pepto Bismol Sudafed Dramamine

Parent Signature _____

Phone number _____

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