

Prescription Drug and Medicine Authorization

Any prescriptions or over-the-counter medicine must be in the original, labeled container with the youth's name on it. Medication can not be dispensed by any adult without this form. No shots of any kind will be administered.

Student Name _____

Name of Prescription/Medicine _____

Prescribing Doctor _____

Amount of Dosage _____

Times to be given _____

Duration of Prescription _____

I, _____, hereby authorize the Church of Saint Paul to dispense medicine to
Parent/Guardian

_____ as directed above.
Youth

Signature of Parent/Guardian _____ Date _____

