

# 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 \_\_\_\_\_

