

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS
For All Participants under 18 years Old

Any prescriptions or over-the-counter medicine must be in the original, labeled container.

The following information must be completed before medicine is given.

Each prescribed medication requires an authorization form. Please make as many copies as necessary **BEFORE filling out the form or get additional copies from the parish website: allsaintschurch.com**

All over-the-counter medications may be entered on one form if the dosage is in conformity with normal recommendations and is to be used on an “if needed” basis. Otherwise, please fill out a separate form if special directions are required.

Student Name _____

Name of Prescription/Medicine _____

Prescribing Doctor _____

Amount of Dosage _____

Times to be Given _____

Duration of Prescription _____

I, _____, hereby authorize All Saints Catholic Church to

dispense medicine to _____ **as directed above.**
Student

Signature of Parent/Guardian

Date