

HOLY NAME OF JESUS CHURCH

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN BY CHAPERONS DURING THE EVENT)

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

THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE MEDICINE IS GIVEN.

Student Name: _____

Name of Prescription/Medicine: _____

Prescribing Dosage: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize the Adult Chaperones to dispense
Parent/Guardian

medicine to _____ as directed above.
Student

Signature of Parent/Guardian

Date