



Medication Authorization Form

(Please fill out one form for **EACH** individual medication)

This form is valid for the following event: _____

From: _____ (start date) To: _____ (end date)

Note: ALL medication brought must be in the original container which clearly states the child's name, the health care provider, the name of the medication, date, and dosage. This form must be filled out completely in order for the medication to be given. This applies to over-the-counter meds, as well as prescriptions.

Student's name: _____ Birth date: _____

Medication: _____ Dosage: _____

*Route: _____ Time of day meds are to be given: _____

*There are five distinct methods for taking a medicine or drug. These methods are:
(1) topical (2) inhalation, (3) oral (4) injection (5) rectal.

Special instructions: _____

Purpose of medication: _____

Possible side effects: _____

Name of Dr. or person with prescriptive authority:

Name: _____ Phone #: _____

This medication is to be administered by:

Student

PRiSM staff

I hereby give permission for _____ to take the medication listed on this form while in PRiSM care, as ordered by the health care provider. I understand that it is my responsibility to furnish the medication in the original container, which clearly states the child's name, the health care provider, the name of the medication, date, and dosage. Further, I agree to keep current contact information and medical/allergy information on file with the Student Ministry at Pulpit Rock Church.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Cell #: _____

Received by: _____
PRiSM Staff Signature