

St. Francis Xavier
PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

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

Any prescriptions or over-the-counter medicine must be in the original, labeled container and stored under lock and key.

The following information must be completed before medicine is given.

Student Name _____

Name of Prescription/Medicine _____

Prescribing Doctor _____

Amount of Dosage _____

Times to be given _____

Duration of Prescription _____

I, _____, hereby authorize St. Francis Xavier to dispense
Parent /Guardian Name
medicine to _____ as directed above.
Participants Name

Signature of Parent/Guardian of Participant

Date