

Medication Authorization Form

Child Name: _____

Parent Name: _____ Phone: _____

Emergency contact: _____ Phone: _____

I give permission to the Family Ministry staff at Christ Church Plano to administer medication to my child as noted below. I will provide the medication in its original container and clearly labeled with my child's name and/or prescription label. I understand that it will be dispensed per my specifications as written.

Signature _____ Date: _____

Place all medication in a Ziploc bag labeled with your child's name along with a copy of this form. Any medication not picked up upon return will be discarded after 7 days.

Medication Name	Dosage (e.g. one – 10 mg tablet)	Times (e.g. breakfast, 9 pm)

Allergies: _____

Anything else we need to know about your child: _____



CHRIST
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