

Tennessee Christian Preparatory School
Authorization to Dispense Medication

Student Name _____ Date _____

Name of Medication _____

Dispensing directions:

Physician's Name _____ Physician's Phone # _____

Parent's Signature: _____ Date _____

Parent's Emergency Phone # _____

For Office Use Only

Date Dispensed _____ Time Dispensed _____ Dispensed by _____

Parent Notified if PRN medication: _____

Date Dispensed _____ Time Dispensed _____ Dispensed by _____

Parent Notified if PRN medication _____

Date Dispensed _____ Time Dispensed _____ Dispensed by _____

Parent Notified if PRN medication: _____

Date Dispensed _____ Time Dispensed _____ Dispensed by _____

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