

**Epiphany Youth Ministry**

**PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS**

**Any prescriptions or over-the-counter medicine must be in the original, labeled container and stored by Epiphany staff in charge throughout the duration of the event. We will make every attempt to ensure that this information is only viewed by Epiphany staff and kept confidential.**

**The following information must be completed before medicine is given.**

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Student Name \_\_\_\_\_

Name of Prescription/Medicine \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Amount of Dosage \_\_\_\_\_

Times to be Given \_\_\_\_\_

Duration of Prescription \_\_\_\_\_

**I, \_\_\_\_\_, hereby authorize Church Of The Epiphany Staff in**  
Parent/Guardian

**charge to dispense medicine to \_\_\_\_\_ as directed above.**  
Student

\_\_\_\_\_  
Signature of Parent/Guardian Date

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\* My child is on a fast acting medicine (i.e. epi-stick or inhaler) that could possibly require immediate administration. Therefore I request that they be responsible for carrying this specific medicine on their person at all times. If the medicine is administered, they must report to the Epiphany staff in charge for documentation. Epiphany staff in charge must be given a second dose to have in their possession during the event.

\_\_\_\_\_  
Signature of Parent/Guardian Date