



# MEDICAL AUTHORIZATION FORM – PRESCRIPTION MEDICATION

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

For AZrivers staff to administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating the participant's name, date, name of medicine, dosage and timing, expiration date, prescribing physicians name and phone number, pharmacy name and phone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications can only be given to the person listed on the label.
- A separate authorization is required for *each* medication and *each* episode of treatment.
- The label constitutes the physician's/nurse practitioner's order.
- Participant must take the medication with the permission of an Arizona Rivers staff person and this usage is to be recorded below.

Medication: \_\_\_\_\_

Description of container: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special handling instructions: \_\_\_\_\_ Refrigeration: Y / N

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dosage: \_\_\_\_\_ Times to be given: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM / PM on date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_

Route: by mouth, skin (location), eye (R/L)

**I give permission for my child to carry and use this medication at their discretion** (ie. for irregular or emergency use of inhalers, asthma, insulin, etc.)

\_\_\_\_\_  
Parent or Guardian printed name                      Signature                      Date: \_\_\_\_\_

### Medication Log

Time										
Initials										

Time										
Initials										

Arizona Rivers is funded by SAHRA and includes partners at:  
The University of Arizona, Phoenix College and Northern Arizona University