



### Holy Cross BASC Program Medication Authorization Form

In order for program personnel to dispense medications, parents/guardians must complete, sign and submit the “Medication Authorization Form” including specific instructions for dispensing medications and authorization to program personnel to dispense the medication following the prescribed dosage.

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Student Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Physician Name** \_\_\_\_\_  
**Physician Address** \_\_\_\_\_  
**Physician Phone** \_\_\_\_\_  
**Name of Medication** \_\_\_\_\_  
**Amount of Dosage** \_\_\_\_\_  
**How to be administered** \_\_\_\_\_  
**Date(s) to be administered** \_\_\_\_\_  
**Time of day to be administered** \_\_\_\_\_  
**Reason for medication** \_\_\_\_\_  
**Possible Side Effects** \_\_\_\_\_

As the parent/guardian of the above mentioned student, I give Holy Cross BASC Program permission to administer the medication as directed above. I will also keep the Program Coordinator aware of any changes in medication(s) profile or health concerns of my child.

**Parent/Guardian Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_