

AUTHORIZATION FOR DISPENSING MEDICATION

Texas Department of
Human Services

RFH Sample Form No. 3
May 1990

PARENT'S AUTHORIZATION

Name of Caregiver Authorized to Give Medicine		Name of Child to Receive Medicine	
Prescribing Physician	Prescription No.	Name of Medication	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medicine must be in its original container with child's name clearly written on the container.

Signature - Parent or Guardian

Date