



Pueblo's Royal Christian School

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Pasadena, Texas 77502

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PRESCRIPTION MEDICATION FORM

Medication must be in the original container and labeled with:

1. Child's Name
2. Name of Medication
3. Pharmacy Name
4. Physician Name
5. Prescribed dose and frequency

I, _____, give Pueblo's Royal Christian School permission to administer the following medication to _____.(Student Name)

Medication Name: _____ Dose and Frequency: _____

Medication Name: _____ Dose and Frequency: _____

Parent's Signature: _____ Date _____

Physician must verify this form

Physician's Name: _____

Phone #: _____

Fax #: _____

Physician's Signature: _____ Date: _____