

PRESCRIPTION PICK-UP AUTHORIZATION FORM

The following requirements must be met to pick up a prescription for someone else.

Prescriptions cannot be released until the below requirements are met.

Requirements:

1. Present valid Driver's License or State Issued identification (ID) card.
2. Have the bottom statement signed by the patient's authorizing representative to act on his/her behalf for this purpose.
3. **Dependent Children 17 years or younger:** The parent or legal guardian of a dependent child may pick-up the medication(s) with their own valid Driver's License or State issued ID card.
4. Anyone else acting as patient representative must meet requirements 1 and 2 before the prescription(s) will be released.

AUTHORIZATION STATEMENT:

I, _____, hereby authorize

_____, to pick up prescriptions for (patient's name)

_____.

PRINT Full Legal Name

Full Legal SIGNATURE

RELATIONSHIP to Patient

Date