

**DISTRICT 7600 of ROTARY INTERNATIONAL  
Rotary Youth Leadership Awards (RYLA) Conference  
February 2020**

As Needed Medication Authorization Form  
**Medicine Must Be In Its Original Container**

Delegate's Name: \_\_\_\_\_

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

Side Effects/Anticipated Reactions: \_\_\_\_\_  
\_\_\_\_\_

All Medications will be self-administered unless RYLA Volunteers are notified differently. If medication assistance is needed please complete the information below.

Special Instructions/Circumstances for Administering "as needed" medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date