

MASS DISPENSING AUTHORIZATION TO PICK UP MEDICINE

I hereby authorize _____ of _____(Street),
_____ (Town), _____ (State and local Zip Code)

to pick up medicine for myself and the _____ members of my family listed on the
“HOUSEHOLD ANTIBIOTIC DISPENSING / CONSENT FORM” which I have
completed today.

Signed this date _____

_____ of _____ (Street),
_____ (Town), _____ (State and local Zip Code)

_____ Printed Name of Head of Household

_____ Signature of Head of Household

In the event an Emergency Mass Dispensing (POD) clinic is opened, some residents will not be able to pick up their own medication. This form, along with the completed medical information form (listed above) will authorize a friend or neighbor to pick up the medicine for them.