

**KENTUCKY STATE POLICE**  
**DRIVE TO STAY ALIVE**  
**PRESCRIPTION DRUG INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF DRUG PRESCRIBED \_\_\_\_\_

DATE PRESCRIBED \_\_\_\_\_ PRESCRIPTION NUMBER \_\_\_\_\_

QUANTITY (number of tablets, oz., etc.) \_\_\_\_\_

NAME OF PHARMACY \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_

CONDITION BEING TREATED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPECTED DURATION OF TREATMENT \_\_\_\_\_

ANY KNOW ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_