

AUTHORIZATION FOR DISPENSING NON-PRESCRIPTION MEDICATION
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Student's Name _____

Birth Date _____ Grade _____ Date _____

School _____

Parent's Name: Father _____

Mother _____

Telephone: Home _____ Emergency Contact _____

Father's Work _____ Mother's Work _____

Medication to be dispensed: _____

Dosages and directions for dispensing: _____

Start: Date form received **Stop:** End of school year
 Other Date: _____ Other date/Duration: _____
 For episodic events only: _____

This release form authorizes the school personnel to follow the parent/guardian's orders. The Mountain Home School District will not assume any liability for consequences that may arise as a result of following these orders. Policy requires non-prescription medication to be brought to school, by the parent/guardian, in the ***original container***. ***The directions for dispensing the medication are to be written on the container.***

I give permission for (name of student) _____
to receive the above medication at school according to District Policy. I release the school and its personnel from any and all liability should adverse reaction occur as a result of this medication.

Parent/Guardian Signature: _____

Date: _____

ADOPTED: May 24, 2004
Revised: December 18, 2012

Revised: April 17, 2007
Reviewed: December 20, 2016

Reviewed: July 15, 2008