



MEDICAL RELEASE/ DISPENSATION OF MEDICATION FORM

- The school requires you to complete and return this form before any medication can be given to your child.
- The medication is to be in the original container with the original label.
- A new form must be completed if there is a change in the medication.

Student's Name: _____

Date of Birth: ____/____/____
(month/ day/ year)

Address: _____

Parents/Guardians: _____

Home Telephone: _____ Business Telephone: _____ Cell Phone: _____

Emergency Contact: _____ Telephone: _____

Doctor: _____ Telephone: _____

Pharmacist: _____ Telephone: _____

Medication Request

Condition being treated: _____

Medication prescribed: _____

Dosage instructions: _____

Possible side effects: _____

Special handling or storage requirements: _____

In case of an adverse reaction, follow-up care and transportation are as follows: _____

Other pertinent information _____

Authorization

I hereby request and authorize the administration of medication for my child as detailed above. I recognize the administration of medication will be handled by non-medically trained staff. I release school personnel from liability should reactions result from medications.

Parent's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____