

**Santa Barbara Middle School**  
**AUTHORIZATION FOR DISPENSING MEDICATION**

**Please return this information and medications required to the SBMS office by Friday, May 16, 2008.**

I, the undersigned, parent of \_\_\_\_\_, a minor, do hereby authorize the Santa Barbara Middle School staff to dispense the following medication to my child:

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

Dosage and time to be given: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ date \_\_\_\_\_

Parent's name \_\_\_\_\_ Phone (h ) \_\_\_\_\_  
(w) \_\_\_\_\_  
(c ) \_\_\_\_\_

Any other pertinent medical information or history?

Please list **any other** prescription medications, vitamins, or over-the-counter remedies that your child has **your permission to carry and self administer**, and advise your child not to share any of these items with other students.