



MOUNTAIN HOME SCHOOL DISTRICT 193

470 North 3rd East Mountain Home, Idaho 83647-1390

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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 and agree to the terms of the Medications Policy. 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 and hold harmless the District and its employees or agents against any claims as a result of any injury arising from the self-administration of medication by the student or 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
Revised: December 20, 2016

Reviewed: July 15, 2008
Reviewed: December 21, 2021