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Rocklin, CA 95677
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www.mmcharter.org

Medication Release Form

This form is to be completed by the parent or legal guardian in the event you wish the school to dispense medication to your child. WE CANNOT DISPENSE MEDICATION WITHOUT THIS FULLY COMPLETED, SIGNED AND DATED FORM.

Student's Name: _____
Last First Middle

Student's Birthrate: _____

Medication: _____

Dosage, Time and Method of Administration: _____

Physical condition for which drug is to be given: _____

Possible reactions that need to be reported to the physician/care provider: _____

Disposition of student following administration of medication (i.e.: rest, home, return to class): _____

Refrigeration Necessary: Yes or No

Date beginning medication: _____ Date ending medication: _____

FOR MEDICATION TO BE GIVEN AT SCHOOL:

- All blanks on this form must be completed
- Medication will be in the original prescription bottle or for OTC drugs, in a self-contained container, clearly marked with the name of the child, the prescribing physician, name of medication, the amount of medication to administered

I request that my child (the above named student) be assisted in taking the above medication at school by school personnel. I understand the school is not legally obligated to administer medication to any student and therefore agree to hold the district harmless from any liability resulting from the administration of above named medication(s).

Authorization and signature of parent/guardian

Date

Phone number during school hours