

# Santa Barbara Middle School

## AUTHORIZATION FOR DISPENSING MEDICATION

If your child requires any prescription medication, any over-the-counter medications or any remedies while on SBMS trips, we need to know about it. A first aid teacher/staff will hold and administer the medication. **If any medication will be required for the Fall Expedition, please return this completed form and the medications required, clearly labeled, to the SBMS office by Friday, Oct. 5, 2018. If you have any questions, please contact Lilli in the SBMS office at 805-682-2989 or [Lilli@sbms.org](mailto:Lilli@sbms.org).**

I, the undersigned, parent or guardian 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/Guardian's name: \_\_\_\_\_

Phone number (h) \_\_\_\_\_

(w) \_\_\_\_\_

(c ) \_\_\_\_\_

Is there any other pertinent medical information or history that you think would be helpful to the staff in caring for your child?