## Santa Barbara Middle School AUTHORIZATION FOR DISPENSING MEDICATION

If your student requires any prescription medication, any over the counter medications or any remedies while on any SBMS trips we need to know about it. A first aid teacher will hold and administer all medication.

If any medication will be required for our Overnight orientation, please return this completed form and medications required, clearly labeled, to the SBMS office by Wednesday, September 5, 2018.

If you have any questions, please contact Lilli in the SBMS office @ 682-2989 or < Lilli@sbms.org >

I, the undersigned, parent of		, a minor, do hereby authorize
the Santa Barbara Middle School staff to dispe	nse the follov	ving medication to my child:
Medication:		
Dosage and time to be given:		
Authorizing Signature:	da	te:
Parent's name:	Phone	(h)
		(w)
		(c)

In addition is there any other pertinent medical information or recent history that you think would be helpful to the staff in caring for your student?