



AUTHORIZATION TO DISPENSE MEDICATION

Directions:

Please be very specific when completing this form. Please turn in medication in its original prescription bottle along with this form several days before the trip/activity. Please submit a completed form for **each** medication the student takes. The bottle must state the student's name and the most recent prescription date. Please make sure there is enough medication for the entire trip/activity plus at least one extra dose. Please call with any questions and/or concerns.

I hereby authorize **VISTA LEARNING CENTER** to administer the following medication to:

_____ for the dates of _____.
Name of Student

Name of Medication: _____

Prescribing Physician: _____

Reason for Medication: _____

Dosage (**please specify milligrams**): _____

When (**please specify hour of day not AM or PM**): _____

Special Instructions:

Parent/Guardian Signature

Date