



### Authorization to Dispense Medication

I hereby authorize a member of Pacific Learning Center's staff to dispense to following medication(s) to my child, \_\_\_\_\_, at the times(s) and dosages(s) indicated:

Name of medication: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage(s): \_\_\_\_\_

Name of medication: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage(s): \_\_\_\_\_

Name of medication: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage(s): \_\_\_\_\_

Name of medication: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage(s): \_\_\_\_\_

I understand that all medications must come to school in a valid prescription bottle with the child's name, prescribed dosage, and doctor's name or as sold over the counter in the original container.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian