



Request to Dispense Medicine

I request that my child _____ be given/allowed to take the medication(s) listed below.

(All medications must be in original pharmacy containers and labeled with child's name and physician's instructions.)

1. Medication: _____ Dose: _____

Time of day for dose: _____ Ending Date: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Medication: _____ Dose: _____

Time of day for dose: _____ Ending Date: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

3. Medication: _____ Dose: _____

Time of day for dose: _____ Ending Date: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

This medication(s) is for the medical condition: _____

Any other relevant comments: _____

The undersigned being the lawful parent and/or guardian of the above child (the "Child"), hereby authorize(s) any of the staff, employees, agents and representatives of Heritage Christian School to dispense the medication(s) listed above by Heritage Christian School. The undersigned assumes all risk of injury or harm to the Child associated with said medication(s) listed and agree(s) to release, indemnify, defend and forever discharge Heritage Christian School and its staff, employees and agents (collectively the "Dispenser") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child, howsoever caused, arising or to arise by reason of the dispensing of said medication(s) to the Child per the instructions by the undersigned.

Parent's Signature _____

Date _____