2017-2018 MEDICAL DISBURSEMENT PERMISSION FORM

_____ _____ _____

Student name Grade Date of birth and Age

Height _____ Weight_____ Gender M F Glasses or contacts?_____

I hereby authorize Mountain View Christian Academy MAT certified employees to dispense the circled non-prescription medications or their generic equivalents or the specific medication listed to my dependent throughout the school term without my individual permission for each medical situation.

Pepto Bismol Tums(antacids) Children's Benadryl(diphenhydramine)

Tylenol(acetaminophen) Advil(ibuprofen) Aleve(naproxen sodium)

Eye wash(saline solutions) Cough drops(menthol) Claritin(loratadine)

Neosporin(bacitracin, neomycin) Bengay(camphor, menthol cream)

LISTED_____

_____ _____

Parent/Guardian signature and phone no. Date

_____ _____

Parent/Guardian signature and phone no. Date

_____ _____

Physician signature Date

_____

Family Medical Practice name and address