



Arizona School for the Arts

MEDICATION RELEASE FORM

I give permission for Arizona School for the Arts' staff to dispense the following medications for my student _____.

Student's Full Name

Medication	Dosage

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

ALL MEDICATIONS MUST BE PROVIDED IN ITS ORIGINAL CONTAINER WITH THE STUDENT'S NAME ON IT. THIS INCLUDES OVER-THE-COUNTER MEDICATIONS.

