

NORTH SLOPE BOROUGH SCHOOL DISTRICT
P.O. BOX 169
Barrow, AK 99723
907-852-5311



AUTHORIZATION FOR DISPENSING MEDICATION FORM

I, _____, _____
school nurse or school secretary.

I, _____, _____
of _____, _____
do hereby authorize _____
to dispense _____
to _____

_____ is _____
of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

_____ [_____] _____

Additional Information

Prescribed by: _____ Expiration Date: _____

Scheduled times to be given: _____ Count: _____