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**Request to Dispense Prescription Medication in Nonchild-resistant Container and Release, Hold Harmless and Agreement to Indemnify.**

I understand that all prescription medications are required to be dispensed in a child-resistant container unless the patient or the patient's agent authorizes the pharmacist to dispense the medication in a regular (nonchild-resistant) container.

I certify that I am the patient or the patient's authorized representative and agent and that I request that all medications, now and in the future, for the belownamed patient be dispensed in a nonchild-resistant container.

I understand that prescription medications may be dangerous, especially to children and that a regular (non-resistant) container increases the risk that a child may get hold of the medication in the container. I understand that this may cause serious injury or even death to a child or other person getting hold of this medication.

I hereby release the pharmacist and the pharmacy from all liability, which may be caused by the lack of a child-resistant container for any medications for the below-named patient.

I hereby agree to hold harmless and indemnify the pharmacy and its agents and pharmacists from any loss or damage to any and all third parties including children and their relatives which may result, in whole or in part, from the lack of a child-resistant container for any medications for the below-named patient which have been dispensed in regular (nonchild-resistant) container as authorized and requested in this Release, Hold Harmless and Agreement to Indemnify.

Print Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_