



State of Idaho
Division Of Occupational and Professional Licenses
Board of Pharmacy

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

Parental/Guardian Consent Form

(For those under the age of 18)

I, _____ hereby give permission for my son/daughter
(Parent/Guardian Name)

_____, who is under the age of 18 years of age to apply
(Applicant's Name)

for a student pharmacy technician registration with the Idaho Board of Pharmacy while part of a
supervised training program.

Parent Signature: _____ Date: _____