

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF PRESCRIPTION MEDICATION TO STUDENTS

_____/_____/_____
Student's Name (Last), (First), (Middle) Birthday School Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication/Health Care Dosage Route Time at School

Administration instructions

Special Directives, Signs to Observe and Side Effects

_____/_____/_____
Discontinue/Re-Evaluate/Follow-up Date

Prescriber's Signature

_____/_____/_____
Date

Prescriber's Address

Emergency Phone

I request the above named student carry medication at school and school activities, according to the prescription, instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided to the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF PRESCRIPTION MEDICATION TO STUDENTS

Parent's Signature

____/____/____
Date

Parent's Address

Home Phone

Additional Information

Business Phone

Authorization Form