

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.

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Parent's Signature

_____/_____/_____
Date

Parent's Address

Home Phone

Additional Information

Business Phone

Authorization Form