

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

	/ /		/ /
Student's Name (Last), (First) (Middle)	Birthdate	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—Street, P.O. Box

Home Phone

Parent's Address—City, Zip Code

Business Phone

Additional Information:


Authorization Form