PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

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

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer prescription medication and/or provide special health services listed. Electronic signatures meet the requirement of written signatures.
- The prescribed medication is in the original, labeled container as dispensed.
- The prescription medication label contains the student's name, name of the medication, the medication dosage, time(s) to administer, route to administer, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Prescribed Medication	Dosage	Route	Time at School
_____	_____	_____	_____

Special Health Services and instructions, in indicated:

_____

_____

_____/_____/_____
Discontinue/Re-Evaluate/Follow-up Date for Prescribed Medication or Special Health Services listed

Prescriber's Signature And credentials (when indicated for health service delivery)	Date
_____	_____/_____/_____

Parent/Guardian Signature	Date
_____	_____

Parent/Guardian Address	Home Phone
_____	_____