

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF PRESCRIPTION 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 the **special** health services **listed. Electronic signatures meet the requirement of written signatures.**
- The **prescribed** medication is in the original, labeled container as dispensed ~~or the manufacturer's labeled container.~~
- The **prescription** medication label contains the student's name, name of the medication, ~~directions for use,~~ **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/~~Health Care~~ Dosage Route Time at School

Special Health Services and instructions, in indicated:

Administration instructions

Special Directives, Signs to Observe and Side Effects

_____/_____/_____

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

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

Parent/Guardian Signature **Date**

Prescriber's **Parent/Guardian** Address Emergency **Home** 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