

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 and Signs to observe for and Side Effects

Discontinue/Re-Evaluate/Follow-up Date

Prescriber's Name Date

Prescriber's Address Emergency Phone

Approved Reviewed December 2016 Revised

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I request the above named student carry medication at school and school activities, according to the prescription, or other medication administration instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided by the Family Educational Rights and Privacy Act (FERPA) and any other applicable law. I agree to coordinate and work with school personnel and prescriber (if any) 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. Procedures for medication disposal shall be in accordance with federal and state law.

_____	_____/_____/_____
Parent's Signature	Date
_____	_____
Parent's Address	Home Phone
_____	_____
Additional Information	Business Phone

Authorization Form	

Approved _____

Reviewed December 2016

Revised