

# 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