

Title: 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.
- Annual renewal of authorization and immediate notification, in writing, of changes.

 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 by qualified staff, according to the prescription instructions, and a written record kept. Special directives are noted above. The student has experienced no previous side effects from the medication. 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 or it will be properly destroyed.

 Parent's Signature

_____/_____/_____
 Date

 Parent's Address

 Home Phone

 Additional Information

 Business Phone

Approved: May 23, 2006

Reviewed: _____

Revised: _____