

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF 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, an epinephrine auto-injector, 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 as soon as practical 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 (if prescription medication)

____/____/____
Date

Prescriber's Address

Emergency Phone

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 other applicable law. I agree to coordinate and work

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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

Emergency Phone

Business Phone

Additional Information

Authorization Form