

**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.

Parent's Signature	Date
--------------------	------

Parent's Address	Home Phone
------------------	------------

Emergency Phone	Business Phone
-----------------	----------------

Additional Information
