

**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION  
OF PRESCRIPTION MEDICATION TO STUDENTS**

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Student's Name (Last, First, Middle)	Birthdate	School	Date
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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.

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Medication/Health Care	Dosage	Route	Time at School
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Administration Instructions

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Special Directives, Signs to Observe and Side Effects

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Discontinue/Re-Evaluate  
Follow-up Date

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Prescriber's Signature

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Date

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Prescriber's Address

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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/Guardian Signature

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Date

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Parent/Guardian Address

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Home Phone

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Business Phone

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Authorization Form