

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

_____ /____/____ _____ _____ /____/____
Print Student's Name (Last), (First), (Middle) Birthday School Grade Date

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service. Electronic signatures meet the requirement of written signatures.
- 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, the medication dosage, time(s) to administer, route to administer, and date.
- Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary.
- Over-the-counter medications do not require a prescriber signature and information.

Medication/Health Care	Dosage	Route	Time at School

Special Health Services and instructions:

Special Directives, Signs to Observe and Side Effects: _____

Discontinue/Re-Evaluate/Follow-up Date ____/____/____

_____ ____/____/____
Prescriber's Signature Date

_____ ____/____/____
Parent's Signature Date

_____ _____
Parent's Address Home Phone

_____ _____
Additional Information Business Phone