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	Dosage	Route	Time

_____

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/Guardian Signature (agreed to above statement)	Date
_____	_____
_____	_____
Parent/Guardian Address	Home Phone
	_____ _____
	Business Phone

_____

_____

Self-Administration Authorization Additional Information