

**Parental Authorization and Release Form for the Administration
of Medication or Special Health Services 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 special health service listed. Electronic signatures meet the requirement of written signatures.
- The prescribed medication is in the original, labeled container as dispensed
- The prescription 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 immediately when the parent notifies the school that changes are necessary.

Prescribed Medication

Dosage

Route

Time at School

Special Health Services, and instructions, as indicated:

Administration instructions:

Special Directives, Signs to Observe and Side Effects:

____/____/____

Discontinue/Re-Evaluate/Follow-up Date for Prescribed Medication or Special Health Services Listed

Prescriber's Signature

And credentials (when indicated for health service delivery)

Date

Parent/Guardian Signature

Date

Parent/Guardian Address

Home Phone

**Parental Authorization and Release Form for the Administration
of Prescription Medication to Students**

Parent's Signature

Date

Parent's Address

Home Phone

Business Phone

Additional Information

Authorization Form