

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

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|--|-------------------------------|-----------------|---------------------------|
| Student's Name (Last), (First), (Middle) | _____/_____/_____ Birthday | _____ School | _____/_____/_____ Date |
|--|-------------------------------|-----------------|---------------------------|

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

- Parent has provided a signed, dated authorization to administer prescription medication and/or provide special health services 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, if indicated:

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

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|