

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 by the prescriber 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.
- Medications will be stored with the nurse/administration unless otherwise instructed by the prescriber.

Medication/Health Care	Dosage	Route	Time at School

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 _____

