

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.

<u>School Tylenol/Ibuprofen</u>	_____	_____	<u>as needed</u>
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

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's Signature Date

Parent's Address Home Phone

Emergency Phone Business Phone

Additional Information

