

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 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 as soon as practical when the parent notifies the school that changes are necessary.

Prescribed Medication Dosage Route Time at School

Special Health Services and instructions, in indicated:

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

_____/_____/_____
Prescriber's Signature Date
And credentials (when indicated for health service delivery)

_____/_____/_____
Parent/Guardian Signature Date

Parent/Guardian Address Home Phone