

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

*School medications and health care services are administered following these guidelines:*

- Parent has provided a signed, dated authorization to administer medication and/or provide the health care service.
- The medication is in the **original, labeled container** as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and date.
- Physician's signature is required for prescribed medication without a pharmacy label or if the dosage of an over-the-counter medication is greater than a normal dosage as indicated on manufacturer's packaging
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication/Health Care	Dosage	Route	Time at School
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Administration Instructions

Special Directives, Signs to Observe, and Side Effects

Discontinue/Re-Evaluate/Follow-up Date

Prescriber's Name/Signature (see above when needed)	Date
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Prescriber's Address	Emergency Phone
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I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions. A record of administration will be maintained. The student has experienced **no** previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

The information is kept confidential except as provided by the Family Education Rights and Privacy Act (FERPA) on a need to know basis. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Signature	Date
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Parent/Guardian Address	Home Phone
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Daytime Phone	Cell Phone
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Additional Information