

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

- 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, as 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

Additional Information: _____

