

**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

Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Form