

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

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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Additional Information

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Authorization Form