

Authorization and Release Form for the Administration of **Prescription Medication** to Students

_____/_____/_____
Student's Name (Last), (First), (Middle) Birthday School Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication Dosage Route Time at School

Administration instructions

Special Directives, Signs to Observe and Side Effects

Date Permission Form is In Effect to _____

Prescriber's Signature _____
Date

Prescriber's Address _____
Emergency Phone

I request the above named student carry medication at school and school activities, according to the prescription, instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided to the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parent's Signature _____
Date

Parent's Address _____
Home Phone

Additional Information _____
Alternate Phone