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

Student's Name (Last), (First),	(Middle) I	Birthday	School	Date
 School medications and health se Parent has provided a signed, d The medication is in the origina The medication label contains t Authorization is renewed annual 	ated authorizatio I, labeled contain he student's nam	on to administer r er as dispensed o e, name of the m	nedication and or the manufac nedication, dire	/or provide the health service. turer's labeled container. ections for use, and date.
Medication/Health Care	Dosage	Ro	ute	Time at School
Medication/Health Care	Dosage	Ro	ute	Time at School
Medication/Health Care	Dosage	Ro	ute	Time at School
Medication/Health Care	Dosage	Ro	ute	Time at School
pecial Administration instructions				
Special Directives, Signs to Obser	rve and Side Effec	cts		
/ / Discontinue/ReEvaluate/Follow-up			/ /	<u></u>
/ / Discontinue/ReEvaluate/Follow-up		cts Da	/ / ite	<u>, </u>
Special Directives, Signs to Obser / / Discontinue/ReEvaluate/Follow-up Prescriber's Signature Prescriber's Address		Da	/ / ite nergency Phone	<u>. </u>
/ / Discontinue/ReEvaluate/Follow-up Prescriber's Signature Prescriber's Address I request the above named stude instructions, and a written record as provided to the Family Education personnel and prescriber when questions and the stude of the stude	nt carry medicati kept. Special cor ion Rights and Pri uestions arise. I a	Da En on at school and nsiderations are r ivacy Act (FERPA agree to provide s	nergency Phonoschool activitien noted above. The contract of t	es, according to the prescription, he information is confidential ex pordinate and work with school
Discontinue/ReEvaluate/Follow-up Prescriber's Signature Prescriber's Address I request the above named stude instructions, and a written record as provided to the Family Education personnel and prescriber when question school and to pick up remain	nt carry medicati kept. Special cor ion Rights and Pri uestions arise. I a	Da En on at school and nsiderations are r ivacy Act (FERPA agree to provide s nd equipment.	nergency Phone school activitie noted above. The noted above of safe delivery of	es, according to the prescription, he information is confidential ex pordinate and work with school
/ / Discontinue/ReEvaluate/Follow-up Prescriber's Signature	nt carry medicati kept. Special cor ion Rights and Pri uestions arise. I a	Da En on at school and nsiderations are r ivacy Act (FERPA agree to provide s nd equipment.	nergency Phonoschool activitien noted above. The contract of t	es, according to the prescription, he information is confidential ex pordinate and work with school
Discontinue/ReEvaluate/Follow-up Prescriber's Signature Prescriber's Address I request the above named stude instructions, and a written record as provided to the Family Education personnel and prescriber when question school and to pick up remain	nt carry medicati kept. Special cor ion Rights and Pri uestions arise. I a	on at school and nsiderations are rivacy Act (FERPA agree to provide and equipment.	nergency Phone school activitie noted above. The noted above of safe delivery of	es, according to the prescription, he information is confidential ex pordinate and work with school

<u>Code No. 507.2E2 Authorization</u> Form

Medication/Health Care

Medication/Health Care	Dosage	Route	Time at Home
Medication/Health Care	Dosage	Route	Time at Home
Medication/Health Care	Dosage	Route	Time at Home

Route

Time at Home

Dosage

Please list any additional medications that your child takes at home that they do not take at school.