

**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF
PRESCRIPTION AND NON-PRESCRIPTION MEDICATION TO STUDENTS**

 Student's Name

 Grade

 Birth Date

School medications and health care services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health care service.
- The medication is in the **original, labeled container** as dispensed or the manufacturer's labeled container.
- The medication label contains the student 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/Health Care

 Dosage

 Route

 Time at School

 Administration Instructions

 Special Directives, Signs to Observe and Side Effects

 Discontinue/Re-Evaluate/Follow-up Date

 Prescriber's Signature

 Date

(Prescriber's Signature is not needed if medication is in a properly labeled prescription bottle)

 Prescriber's Address

 Emergency Phone

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions. A record of administration will be maintained. The student has experienced **no** previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

The information is kept confidential except as provided by the Family Education Rights and Privacy Act (FERPA) on a need to know basis. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

 Parent/Guardian Signature (agree to above)

 Date

 Parent/Guardian Address

 Home Phone

 Daytime Phone

 Cell Phone

 Additional Information