

**Policy 504.31-E1**

**Parent/Guardian 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:

- a. Parent/guardian 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.
- b. The prescribed medication is in the original, labeled container as dispensed.
- c. 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.
- d. Authorization is renewed annually and as soon as practical when the parent/guardian notifies the school that changes are necessary.

Prescribed Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route: \_\_\_\_\_ Time at School: \_\_\_\_\_

Special health services and instructions, if indicated:

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

Discontinue/Re-Evaluate/Follow-Up Date for prescribed medication or special health services listed.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber's Credentials (*when indicated for health service delivery*): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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