

STUDENT PERSONNEL

Series 500

EXHIBIT PARENTAL/GUARDIAN AUTHORIZATION AND RELEASE FORM FOR THE
ADMINISTRATION OF PRESCRIPTION MEDICATION OR SPECIAL HEALTH
SERVICES TO STUDENTS No. 507.2E2

Student's Name (Last), (First), (Middle)

_____/_____/_____
Birthday School Date

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

- 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.
- 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 immediately when the parent notifies the school that changes are necessary.

Prescribed Medication Dosage Route Time at School

Special Health Services and instructions, as 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

PARENTAL/GUARDIAN AUTHORIZATION AND RELEASE FORM FOR THE
ADMINISTRATION
OF PRESCRIPTION MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

Parent/Guardian's Signature

_____/_____/_____
Date

Parent/Guardian's Address

Home Phone

Additional Information

Business Phone

Date Approved: May 23, 2016
Last Date Reviewed: August 17, 2023
Last Date Revised: August 17, 2023