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

Student's Name (Last), (First),				
student's Name (Last), (1 list),	(Middle)	Birthday	School	Date
School medications and specia	l health service	es are administer	ed following these gui	idelines:
 special health services The prescribed medica The prescription medical dosage, time(s) to adm 	listed. Electronation is in the ocation label continuister, route to yed annually an	nic signatures more riginal, labeled contains the student to administer, and	eet the requirement of ontainer as dispensed. 's name, name of the date.	_
Prescribed Medication		age	Route	Time at School
/ /				
/ / Discontinue/Re-Evaluate/Follo	ow-up Date for	Prescribed Medi	cation or Special Hea	lth Services Listed
/ / Discontinue/Re-Evaluate/Follo Prescriber's Signature And credentials (when indicate			/ /	lth Services Listed
Prescriber's Signature			/ /	lth Services Listed
Prescriber's Signature And credentials (when indicate		Date rvice delivery) Date	/ /	lth Services Listed