## Code No. 507.2E2 PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

Student's Name (Last), (Fin				
	st), (Middle)	Birthday	School	Date
School medications and sp	ecial health services	are administered fol	lowing these gui	delines:
•Parent has provided a sign special health services lister. The prescribed medication. The prescription medicated dosage, time(s) to administration is renewed changes are necessary.	d. Electronic signate is in the original, la on label contains the er, route to administe	ures meet the requir beled container as d student's name, nar er, and date.	ement of written ispensed.  ne of the medicat	signatures. tion, the medication
Prescribed Medication	Dosage	Route		Time at School
Special Health Services an	l instructions, in ind	icated:		
Special Health Services an			n or Special Heal	lth Services Listed
//	ollow-up Date for P	rescribed Medication	n or Special Heal	Ith Services Listed
//_ Discontinue/Re-Evaluate/F	ollow-up Date for P	rescribed Medication	ı or Special Heal	Ith Services Listed
/	ollow-up Date for P	rescribed Medication	n or Special Heal	Ith Services Listed
Discontinue/Re-Evaluate/F Prescriber's Signature And credentials (when indi	ollow-up Date for P	rescribed Medication Date ice delivery)	<u>-</u>	Ith Services Listed

Authorization Form