

# Tipton Community School District Parental Authorization and Release Form for the Administration of Medication to Students

## TIPTON COMMUNITY SCHOOL DISTRICT PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION TO STUDENTS

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer prescription medication and/or provide the health service. 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 as soon as practical when the parent notifies the school that changes are necessary.

\_\_\_\_\_  
Prescribed Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Route

\_\_\_\_\_  
Time at School

Special Health Services and instructions, if indicated:

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Administration instructions

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Special Directives, Signs to Observe and Side Effects

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Discontinue/Re-Evaluate/Follow-up Date

\_\_\_\_\_  
Prescriber's Signature  
And credentials (when indicated for health service delivery)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian address

\_\_\_\_\_  
Home/Cell Phone

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

\_\_\_\_\_  
Business Phone

Cross References:

603.3	Special Education
607.2	Student Health Services
607.2R1	Student Health Services - Regulation

Approve: 2/10/1997

Reviewed: 08/14/2023

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