

# 507.2E2 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:

---

---

Administration instructions

---

---

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

Revised: 08/14/2023