Griswold Community School District Parental Authorization and Release form for the Administration of Medication to Students

Administration instructions: Special Directives, Signs to Observe and Side Effects: Prescriber Name and Address Phone # Discontinue/Re-Evaluate/Follow-up Date/ I request the above named student be given medication at school and school activities by qualified staff, accord to the prescription, or non prescription, and a written record kept. Special considerations are noted above. The information is confidential except as provided by the Family Educational Rights and Privacy Act (FERPA) and any other applicable law. I agree to coordinate and work with school personnel and prescriber (if any) when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment. Procedures for medication disposal shall be in accordance with federal and procedures.		/ /		/ /
Parent has provided a signed, dated authorization to administer medication and/or provide the health service. The medication is in the original, labeled container as dispensed or the manufacturer's labeled container. The medication label contains the student's name, name of the medication, directions for use, and date. Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary. Medication/Health Care Dosage Route Time at School Administration instructions: Prescriber Name and Address Phone #	Print Student's Name (Last), (First), (Middle	Birthday	School	Grade Date
Administration instructions:	 Parent has provided a signed, dated service. The medication is in the original, la The medication label contains the s Authorization is renewed annually 	l authorization to abeled container a student's name, n	administer medication as dispensed or the mane of the medication	on and/or provide the health nanufacturer's labeled container. on, directions for use, and date.
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Prescriber Name and Address	Administration instructions:			
Phone # Discontinue/Re-Evaluate/Follow-up Date/	Special Directives, Signs to Observe and	Side Effects:		
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Parent's Signature: Home Phone: Cell or Work Phone: Date//	to the prescription, or non prescription, an information is confidential except as provany other applicable law. I agree to coordustions arise. I agree to provide safe de	nd a written record yided by the Fam dinate and work welivery of medicar	rd kept. Special consi ily Educational Right with school personne tion and equipment to	iderations are noted above. The ts and Privacy Act (FERPA) and and prescriber (if any) when o and from school and to pick up
Cell or Work Phone: //	Parent's Name and Address – Please prin	t		
	Parent's Signature:		Home Phone	e:
Additional Information:	Cell or Work Phone:			Date/
	Additional Information:			

Board Policy 507.2E2 Approved: 05/16/2016