

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

_____ / ____ / ____
Print Student's Name (Last), (First), (Middle) Birthday School Grade Date

School medications and health services are administered following these guidelines:

- 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: _____

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, according 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 state law.

Parent's Name and Address – Please print

Parent's Signature: _____ Home Phone: _____

Cell or Work Phone: _____ Date ____ / ____ / ____

Additional Information: _____