

Exhibit 507.2E2 PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION TO STUDENTS

Student's Name (Last), (First) (Middle) _____ Birthday
____/____/____

School _____ 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 / Healthcare _____ Dosage _____ Route _____ Time
at School _____

Administration instructions:

Special Directives, Signs to Observe and Side Effects:

____/____/____

Discontinue / Re-Evaluate / Follow-up Date

Prescriber's Signature _____ Date ____/____/____

Prescriber's Address _____ Emergency
Phone _____

I request the above named student carry medication at school and school activities, according to the prescription, or other medication administration instructions, 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.

**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF MEDICATION TO STUDENTS**

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Address _____ Business Phone _____
Home Phone _____

Additional Information

Authorization Form
