

**Board Policy Manual  
Dallas Center-Grimes Community  
School District**

**Exhibit 507.02-E(2): Administration of Medication to Students - Release Form**

**Status: ADOPTED**

**Original Adopted Date:** 10/01/2020 | **Last Revised Date:** 08/28/2023 | **Last Reviewed Date:** 08/28/2023

*See PDF on the next page.*

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION  
OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

Student's Name (Last), (First), (Middle)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

School

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer prescription medication and/or provide special health services listed. 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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\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Discontinue/Re-Evaluate/Follow-up Date for Prescribed Medication or Special Health Services Listed

Prescriber's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

And credentials (when indicated for health service delivery)

Parent/Guardian Signature

Date

Parent/Guardian address

Home Phone

Additional Information

Business Phone

Authorization Form