

**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)      Birthday      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, in indicated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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