



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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Additional Information

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Authorization Form