

Policy Title: **Parental Authorization and Release Form  
for the Administration of Medication to Students**

Policy #506.5E1

It is the policy of the Board of Education of the Monticello Community School District (Policy #506.5) that whenever school staff must administer medication to a student, written authorization and instruction must be provided by a parent or legal guardian.

The following information must be clearly labeled on the bottle:

1. Name of student
2. Name of medication
3. Dosage
4. Time medication is to be given at school
5. Physician prescribing medication
6. Prescription number
7. Drug store filling the prescription
8. City of drug store

I request that medication be given by the school nurse or qualified personnel to:

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

Name of Medication \_\_\_\_\_

First Dose: Dose \_\_\_\_\_ Time \_\_\_\_\_

Second Dose: Dose \_\_\_\_\_ Time \_\_\_\_\_

Third Dose: Dose \_\_\_\_\_ Time \_\_\_\_\_

Length of time medication will be required: School Year \_\_\_\_\_ Other \_\_\_\_\_

Name of prescribing physician \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: 03/15/04

Reviewed: 12/22/08; 12/18/13

Revised: 5/22/17