

Policy Title: **Parental Authorization and Release Form  
for the Administration of Medication or Special  
Health Services 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.

\_\_\_\_\_  
Student's Name (Last), (First), (Middle)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthdate      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:

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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      Phone #

Additional Information

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Authorization Form

Approved: 03/15/04  
Reviewed: 12/22/08; 12/18/13  
Revised: 5/22/17; 10/23/23