

Clear Creek Amana Schools
PARENTAL AUTHORIZATION AND RELEASE FORM
FOR THE ADMINISTRATION OF PRESCRIPTION AND/OR OVER-THE-COUNTER
MEDICATION TO STUDENTS IN SCHOOL

Student _____ Birthdate _____ Today's Date _____

School medications and health services are administered following these guidelines:

- Parent has provided a dated authorization signed by the parent and healthcare provider to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication or Healthcare _____		Route _____	
Dosage #1 _____	Time _____	Dosage #2 (if applicable) _____	Time _____
Administration or Special Circumstance Instructions _____			
Signs and/or Side Effects to Observe For _____			
Discontinue/Re-evaluate/Follow-up Date _____			

Prescriber's Name _____ **Signature** _____

Prescriber's Address _____

Prescriber's Phone # _____ **Prescriber's Fax #** _____

I request that my above named student be given medication/healthcare during the school day according to the prescription and provider's instructions or according to the over-the-counter medication package instructions. A written record will be kept and filed in the above named student's cumulative folder. I agree that school personnel may discuss this authorization with the above named provider or their designee as needed. The information in this form is confidential except as provided in the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment when no longer needed or at the end of the current school year. I acknowledge that medications/equipment not picked up will be disposed of according to current Iowa DOE and/or law enforcement guidelines.

Parent's Signature _____ **Date** _____

Parent's Address _____

Parent's Daytime Phone # _____ **Alternate Phone #** _____