

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

SERIES 500: STUDENT PERSONNEL

FORM 520.2

PARENT AUTHORIZATION FORM FOR THE ADMINISTRATION OF MEDICATION

Student's Name (Last) (First) (Middle) _____ Birthday _____ Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization 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 name (if prescription medication), name of the medication, directions for use and date.
- Authorization is renewed annually and immediately when changes occur.

Medication/Health Care Dosage _____ Route _____ Time at School

Administration Instructions: _____

Special Directives, Signs to Observe, and Side Effects: _____

Discontinue/Re-evaluate/Follow-up Date: _____

Prescription Medication Only

Prescriber

Date

Prescriber's Address

Prescriber's Emergency Phone

I request the above student receive medication and/or health service at school and school activities by qualified staff, according to the prescription or nonprescription instructions, and a written record be kept. Special considerations are noted above. The information is confidential according to the Family Education Rights and Privacy Act (FERPA) and school personnel needing to know have access to the information. 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 pick up remaining medication and equipment.

Parent/Guardian Signature

Date

Parent/Guardian Address

Home Phone

Additional Information

Work Phone/Other Phone

Policy Adopted: June 7, 2005
Policy Reviewed: May 17, 2010
Policy Reviewed: December 2015
Policy Revised: September 10, 2019
Policy Promulgated: September 13, 2019
Form Revised: March 20, 2020