

Parent Authorization Form for Medication Administration at School

Ensure student safety with this **parent authorization form** sample, designed for medication administration at school. It provides clear consent from parents, detailing necessary information for proper medication handling. This form helps schools comply with regulatory requirements while safeguarding children's health.

Student Information

Student Name:

Grade:

Date of Birth:

Parent/Guardian Information

Parent/Guardian Name:

Contact Phone Number:

Email Address:

Medication Information

Medication Name:

Dose:

Route (e.g., oral, inhaled):

Time(s) to be Administered:

Reason for Medication:

Possible Side Effects/Precautions:

Physician Information (if required)

Physician Name:

Physician Phone Number:

Parent/Guardian Consent and Authorization

I hereby request and authorize the designated school personnel to administer the above medication to my child as prescribed. I acknowledge that it is my responsibility to provide the medication in its original, labeled container and to notify the school of any changes. I release the school and its personnel from liability in case of adverse reactions when the medication is administered as listed above.

☐ I agree to the above terms and authorize medication administration at school.

Parent/Guardian Signature:

Date:

Submit Authorization