

**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE  
ADMINISTRATION OF MEDICATION TO STUDENTS**

The undersigned are the parent(s), guardian(s), or person(s) in charge of

(student's full legal name) \_\_\_\_\_, in the  
\_\_\_\_\_ grade at the \_\_\_\_\_ building in the Oskaloosa Community  
School District.

It is necessary that (student's full legal name) \_\_\_\_\_  
receive (name of medication) \_\_\_\_\_, beginning  
on (date) \_\_\_\_\_ and continuing through (date) \_\_\_\_\_

\_\_\_\_\_ I hereby request the Oskaloosa Community School District, or its authorized  
representative, to administer the above-named medication to my child named above and  
agree to:

1. Submit this request to the principal or school nurse;
2. Personally ensure that the medication is received by the principal or school nurse  
administering it in the container in which it was dispensed by the prescribing physician  
or licensed pharmacist or is in the manufacturer's container;
3. Personally ensure that the container in which the medication is dispensed is marked  
with the medication name, dosage, interval dosage, and date after which no  
administration should be given.

**OR**

\_\_\_\_\_ I hereby authorize my child to self-administer his/her medication as he/she has  
shown the competency to do so. I hereby agree to:

1. Submit this request to the principal or school nurse;
2. Personally ensure that
  - a. the medication is received by the principal or school nurse administering it in  
the container in which it was dispensed by the prescribing physician or licensed  
pharmacist or is in the manufacturer's container; or
  - b. the medication will be kept in the student's possession but only with prior written  
permission from the parent and principal.
3. Personally ensure that the container in which the medication is dispensed is marked  
with the medication name, dosage, interval dosage, and date after which no  
administration should be given.

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Parent's Signature

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Date

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Parent's Address

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Home Phone

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Additional Information

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Business Phone

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Authorization Form