



SCHOOL HEALTH SERVICES
PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Date: _____ Student #: _____

Student Name: _____ Date of Birth: _____
Last First Middle

Teacher Name: _____ Grade: _____ Room #: _____

As the parent/guardian of the student named above, we/I request the principal/principal's designee to administer the medication(s) described below to our/my child at school.

Known Allergies: _____

Medication	Amount/ Strength	Dose	Med Exp Date	Time	Purpose of Med	Date Begins	Date Ends

Physician's Name: _____ Phone Number: _____

I understand that the provision of Florida Statute 1006.062, school personnel cannot be held liable for reactions or side effects from the administration of the medication(s). I also grant permission for school personnel to contact the physician if there are questions or concerns about the medication(s). I hereby authorize School Health Services staff to reciprocally release verbal, written, faxed or electronic student health information regarding the above named child for the purpose of giving necessary medication or treatment while at school. I understand Hillsborough County Public Schools protects and secures the privacy of student health information as required by federal and state law and in all forms of records, including, but not limited to, those that are oral, written, faxed or electronic. I hereby authorize and direct that my child's medication or treatment be administered in the manner set forth in this authorization form. I understand that I am responsible to furnish/restock all supplies and medications and that any unused medication that is not retrieved by me at the end of the school year will be destroyed. We/I have read the attached guidelines and agree to abide by them.

Please list the medications your child takes at home (include dosage and times).

Where does the child go after school? _____

PLEASE NOTE EARLY RELEASE DAYS MAY IMPACT ADMINISTRATION OF MEDICATION.
Early release time: _____ Will medication be given? Yes No (Circle)

Parent/Guardian Signature _____ Home Phone _____ Cell/Work Phone _____