



## Medication Release Form 2025-2026

This form is to be completed and signed by the Parent/Guardian. If the medication is a prescription, SRL requires the signatures from both Parent/Guardian and the child's health care provider.

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

I, the parent/guardian agree to deliver the medication to the school in its original container, with the pharmacy label affixed, including the child's name, the date the medication was prescribed and the name of the medication. In the case of over-the-counter medication, **I agree to deliver the medication to the school in its original container, with the child's name and homeroom on it.**

I authorize the school to assist my child in taking his / her medication; I agree that I will not hold liable the school, or any individual of official capacity who is directed by the School Administrator to assist my child in taking said medication. (Florida Statute 232.46 Administration of medication by school personnel)

Medication \_\_\_\_\_ Method of taking \_\_\_\_\_

Medication Expiration Date \_\_\_\_\_ Dosage \_\_\_\_\_

Given at (time) \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

### Physicians Statement (for **Prescription** medication)

The above named child \_\_\_\_\_ requires medication during the school day as follows:

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time \_\_\_\_\_ Special instructions \_\_\_\_\_

This order is in effect until: \_\_\_\_\_

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

Medication Administration Documentation on separate page.