



*Home of The
Falcons*

Randy Strabala, Superintendent
 Aaron Thomas, Secondary Principal
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Code 507.2E2

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

It is the policy of the Board of Education of the Aplington Parkersburg School District that whenever a student should have a prescription medication or over the counter medication administered by the staff at the school, a parent or legal guardian must provide written authorization and instructions.

The following information is to be on the original prescription bottle and properly labeled by a registered pharmacist:

1. Student name
2. Name of medication
3. Dosage
4. Time medication is to be given
5. Physician's name

Student's Name

Birthday

Prescriber & Prescriber's Phone Number

Medication	Dosage	Route	Time at school	Duration/stop date

Special Instructions:

I request the above student and medication be given as prescribed by qualified staff. The information is confidential except as provided by the Family Educational Rights and Privacy Acts (FERPA) and any other applicable law. I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication to and from school and to pick up remaining medication. Procedures for medication disposal shall be in accordance with federal and state law.

Parent/Guardian Signature

Phone Number

Date

Reviewed by: _____
 (staff only)

Revised 3/15/21