

Mamaroneck Union Free School District

Parent/Guardian Permission to Designate

Another Adult to Administer Medication

To be completed by Parent/Guardian:

I hereby authorize _____
(Name of designee - family member, friend, or household member)

To engage in the following with regard to my child/children: _____

Parent to initial each desired:

- _____ Administer any and all medications, food/drinks per my instructions as necessary;
- _____ Operate all medical devices needed by my child/children;
- _____ Disconnect/change/clean/replace all medical devices as required;
- _____ Change clothing/clean child

I have appropriately educated, instructed and trained my designee as to what is required regarding my child/children's medical care. They will be acting in accordance with my instruction which will be delivered directly by me to my designee without involvement of school medical personnel.

I have provided all required supplies and medications directly to my designee without involvement or facilitation of school medical personnel.

I acknowledge that Mamaroneck Union Free School District, applicable personnel (including but not limited to; Administration, Medical Staff, Teachers, and Support Staff) shall be held harmless from all liability relating to the actions taken by my designee(s) as contemplated by this document.

This permission shall be effective for the entirety of the school year, unless modified by me in writing.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____