

**RED HOOK CENTRAL SCHOOL DISTRICT**

**Parent/Guardian Authorization of Another Adult for  
Administration of Medication**

*To be completed by parent/guardian:*

I authorize \_\_\_\_\_, my  
*(name of designee)*

friend, family member, household member or other relationship appropriate in accordance with Education Law §6908 to administer the following medications(s):

\_\_\_\_\_  
\_\_\_\_\_

to my child \_\_\_\_\_,  
*(student name)*

at the following school sponsored event :

\_\_\_\_\_  
*(name and date of event)*

I acknowledge that the Red Hook Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_