

ALBUQUERQUE PUBLIC SCHOOLS

Parent Permission Form

The Parent/Guardian of (please print name) _____,
who attends the Practical Nursing Program at the Career Enrichment Center, hereby gives
permission for this student to participate in the following activities:

LABORATORY on MEDICATION ADMINISTRATION re: INJECTIONS

Each student will have administered to him/her by another student three (3) injection of sterile normal saline, using sterile disposable equipment and aseptic technique. The three (3) injections will consist of 0.5 mL intramuscularly: 0.5 mL subcutaneously and 0.1 mL intradermal.

The Parent/Guardian is reminded that every reasonable precaution will be taken to provide for the safety and care of the student. If the parent/guardian cannot be contacted in the event of an emergency, permission is hereby granted to the nursing instructor (s) or school personnel to act in the best interest of the above named student. The parent/guardian hereby assumes financial responsibility for hospitalization and medical treatment provided.

I have read the above and agree to the above statements and terms. I have had the opportunity to ask questions.

Signature of Parent/Guardian

Date