

Regulation

STUDENTS

7302.3

PARENT/GUARDIAN AUTHORIZATION OF
ANOTHER ADULT FOR ADMINISTRATION OF MEDICATION

To be completed by parent/guardian:

I authorize _____, my friend, family member, household member
(Name of Designee)
or other relationship appropriate in accordance with Education Law §6908 to administer the
following medication(s):

to my child _____, at the following school sponsored event:
(Student Name)

(Name and Date of Event)

I acknowledge that 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: _____

Hamilton Central School District

Approved by the Superintendent: 03/16/10, 04/26/11, 04/23/19