RICHLAND ONE
NURSING SERVICES

Parent/Guardian Consent for Medication Administration by Unlicensed Assistive Personnel (UAP)
Richland County School District One

School Year: _____

Student's Name: _____

Student's Date of Birth (DOB): _____

School: _____

For Parent/Guardian:
I give permission for the Unlicensed Assistive Personnel (UAP) to assist in administering medication to my child in accordance with Richland County School District One – Board Policy JLCD and JLCD-R.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Updated 25Apr25: Approved by General Counsel 21Apr25