

**Parent/Guardian Permission to Allow Another Adult to Give Medication To Their Child
To Be Completed by Parent/Guardian for Each Event Requested**

Student Information

Name:	Grade: <input type="checkbox"/> N/A	Teacher/HR:
School:	DOB: / /	Date:

Person (Designee) Chosen by Parent/Guardian to Give the Medication(s)

Name:	Relationship:
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Medication(s) To Be Given to the Student by the Designee

Please note: Medication information is to be copied from the label

Medication Name	Dose/Amount of Medication	Time Medication Should Be Given

School Sponsored Event Where the Medication Will Be Given

Name of Event	Location of Event	Date of Event

- I have included the healthcare provider order and parent permission form for medication administration during the school-sponsored event.
- I permit the above-named designee to administer the medication(s) listed to my student.
- I will train the above-named designee on how to properly give the medication and provide the designee with the medication for this event in the appropriately labeled container.
- I understand that the School or District will not be liable for any problems that may arise as a result of the administration of the listed medications by the designee.

Parent/Guardian Printed Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please note: The person chosen as the designee by the parent or guardian must be in accordance with Education Law §6908: *a family member, household member or friend, or person employed primarily in a domestic capacity who does not hold himself or herself out, or accept employment as a person licensed to practice nursing.*

A separate form must be completed for each event requested.