STUDENTS 7102.3

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.

_____ Date:_____
(Parent/Guardian Signature)

Print Name:_____

Waterville Central School District
Approved by the Superintendent: 06/13/17, 03/26/19