

**Parent/Guardian Permission to Designate
Another Adult to Administer Medication**

This is a sample form. Please be sure to communicate with your school when giving permission for another adult to administer medication to your child.

To be completed by Parent/Guardian:

I authorize _____,
(Name of designee - family member, friend, household member or other relationship appropriate, in accordance with Education Law §6908)

to administer the following medication(s):

to my child _____
(Name)

on the following dates :

Start Date: _____ End Date: _____

I acknowledge that _____ District
(Name of school district)
and/or _____ will not be liable for any
(Name of designee)
problems that may arise as a result of the administration of such medication by the designee.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____