



**Parent/Guardian Permission to Allow Another Adult to Give Medication To Their Child**

**To Be Completed by Parent/Guardian for Each Event Requested**

**Information about the Student**

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

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

Name:	Relationship:
-------	---------------

**Medication(s) To Be Given to the Student By the Designee**

Medication Name Copied From Label	Dose/Amount of Medication- Copied From Label	Time Medication Should Be Given - Copied From Label

**School Sponsored Event Where the Medication Will Be Given**

Name of Event	Location of Event	Date of Event

- I have included provider order and parent permission form for medications administration during school sponsored events.
- I permit the designee listed above to administer the medication(s) listed to my child.
- I will train the designee listed on how to properly give the medication and provide the medication to the designee for this event in a properly 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 medication(s) 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.