**School District Letterhead**

**SAMPLE FORM**

**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: 🞎 N/A | Teacher/HR: |
| School: | DOB: / / | Date: |

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

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

**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.