

Worcester Central School

Parent/Guardian Authorization of Another Adult to Administer Medication

To be completed by parent/guardian:

I authorize _____, who is my friend, a family member, a household member or a person in another relationship in accordance with Education Law §6908) to administer the following medication(s):

Name(s) of medication(s):

to my child _____
(student name)

during the school day and at school-sponsored events if necessary :

I acknowledge that the Worcester Central School District will not be liable for any problems that may arise as a result of the administration of such medication by any designee listed above.

Parent/guardian signature: _____

Print Name: _____

Date: _____