

Authorization to Administer Medication

We, (parents/legal guardian) of _____
state that it is necessary that our child receive medication during school hours. The medication is
_____ as indicated on the container. It is to be administered for the period from
_____ to _____. The daily dosage being _____
_____. We designate _____ as the
person to administer medication.

1. The decision to administer medication during school hours and to leave our child in attendance during this period is solely our own. We have been informed that arrangements could be made to have the medication administered by other than school personnel, but it is not our wish to do so.
2. We state that we realize and have informed our child that it will be the child's responsibility to notify the appropriate school personnel should there be an immediate change of the child's condition which makes medication necessary.
3. We state that it is our responsibility to personally notify, in writing, the school personnel designated to administer the medication if there is any change in the above mentioned medication schedule.
4. We agree to instruct the necessary school officials as to the method of administering the medication to our child and will hold them harmless for the administering of such medication. On behalf of the above designated person who shall administer the medication, and the Edgemont School District.

We fully and carefully read the above authorization and in full awareness of its content, sign this authorization, this day of _____, _____.

Signature of Parent or Legal Guardian
