Parent/Guardian Authorization of Another Adult for Administration of Medication in the M. C. Smith Elementary School

Health Office Phone: 518-828-4360, Ext. 1118

Health Office Fax: 518-697-8797

To be completed by parent/guardian:

I authorize _____,
(Name of designee)

my friend, family member, household member (or other relationship appropriate in accordance with Education Law §6908) to administer the following medication(s):

_____

_____

to my child _____,
(Student name)

at the following school sponsored event:

_____.
(Name and date of event)

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

Parent/guardian Signature: _____

Designee Signature: _____

School Nurse Signature: _____
June Boucher, Registered Nurse, M.C. Smith School, 102 Harry Howard Avenue, Hudson NY