

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

To: _____
Principal

School

I am the parent with legal custody or the legal guardian of _____
a student attending this school. This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school nurse, the school principal, or
_____ (an employee of the School District designated by
the school nurse, the principal, and me) to:

- Administer _____, a non-prescription medication which I am
hereby supplying you, in accordance with the directions for the administration of the medicine
listed on the label of the vial.
- Administer _____, a filled prescription medication which I am
hereby supplying you, in accordance with the written instructions of physician prescribing the
medicine, which is attached hereto.

I understand that under state law the Board of Education, the School District, or employees of the District
shall not be liable to the student or the student's parent or guardian for civil damages for any personal
injuries to the student which result from acts or omissions of school employees in administering the
medicine I have hereby authorized.

Dated this _____ day of _____, 20 _____

Parent with Legal Custody or Guardian

Address

WITNESS:
