

Kingston City School District

Parent/Guardian Permission to Allow Another Adult to Give Medication To Their Child To Be Completed by Parent/Guardian for Each Event Requested

Information about the Student

Name:	Grade: <input type="checkbox"/> N/A	Teacher/HR:
School:	DOB: / /	Date:

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

Name:	Relationship:
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Medication(s) To Be Given to the Student By the Designee

Medication Name Copied From Label	Dose/Amount of Medication- Copied From Label	Time Medication Should Be Given - Copied From Label

School Sponsored Event Where the Medication Will Be Given

Name of Event	Location of Event	Date of Event

- **I have included provider order and parent permission form for medications administration during school sponsored events.**
- **I permit the designee listed above to administer the medication(s) listed to my child.**
- **I will train the designee listed on how to properly give the medication and provide the medication to the designee for this event in a properly 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.