

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

Health Office Phone: 518-828-4360, Ext. 1118
Health Office Fax: 518-697-8797

To be completed by parent/guardian:

I authorize _____, my
(Name of designee)

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