

Orchard Park Central School District
**Parent/Guardian Permission to Designate
Another Adult to Administer Medication**

To be completed by Parent/Guardian:

I authorize _____,
**(Name of designee - family member, friend, 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 of Event: _____

Date: _____ Location: _____

I acknowledge that Orchard Park Central 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 Printed Name: _____

Parent/Guardian Signature: _____

Date: _____