



WANTAGH UNION FREE SCHOOL DISTRICT

Superintendent of Schools

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Mr. John McNamara
Superintendent

Parent/Guardian Authorization of Another Adult for Administration of Medication

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):

1. _____

2. _____

to my child _____,

(student name)

at the following school sponsored event :

_____.

(name and date of event)

I acknowledge that

_____ district

(name of 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: _____ Date _____

Print Name: _____

Designee signature: _____ Date _____

Designee Print Name: _____