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Health Plan / Emergency Care
**PARENT/GUARDIAN AUTHORIZATION OF ANOTHER ADULT FOR
ADMINISTRATION OF MEDICATION**

To be completed by parent/guardian:

I authorize _____, my friend, family member,
(Name of Designee)

household member or other relationship appropriate in accordance with Education Law (6908)

to administer the following medications(s):

to my child _____,
(Student's 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 administration of such medication by
the designee.

Parent/Guardian Signature: _____ Date: _____