

**CASHION HIGH SCHOOL**

**PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE**

**2010-2011**

I am the parent with legal custody or the legal guardian of \_\_\_\_\_ student attending this school. This student requires or may require medication at intervals during the school day.

I hereby authorize and give my consent to the school principal or the principal's designee to administer \_\_\_\_\_

a **nonprescription medication** that I am hereby supplying you or will supply when required, in accordance with the following instructions for administering such medication:

I understand that under state law, the Board of Education, the School District, or employees of the district shall not be liable for personal injuries to the student which results from acts or omissions of school employees in administering the medication I hereby authorize.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Parent with Legal Custody or Legal Guardianship

\_\_\_\_\_  
Phone #