

Albany County School District One

Permission to Administer Emergency Medication or Perform Emergency Procedure

Student's Name _____ Date _____

I give permission for the school personnel listed below to administer the medication or perform the procedure listed below for my child, whose name is listed above. I release the persons listed below and Albany County School District One and its agents from liability.

Emergency medication(s) to be administered: _____

Emergency procedure(s) to be performed: _____

Personnel who have my permission to administer the medication or perform the procedure include:

Please check one of the following statements:

_____ In the event the school personnel listed above are not available to administer the medication or perform the procedure listed above when my child is in an emergency situation requiring the medication or procedure, I hereby authorize anyone who is willing to administer the medication or perform the procedure to do so.

_____ In the event the school personnel listed above are not available to administer the medication or perform the procedure listed above when my child is in an emergency situation requiring the medication or procedure, no one, other than EMT personnel, is authorized to administer the medication or perform the procedure to do so. In checking this item, I accept all consequences which may arise from this delayed treatment, which may include severe injury or death.

Please check one of the following statements:

_____ I agree to allow the school nurse to assist me in training school personnel. I also release the school nurse and ACSD#1 and its agents from liability in this training situation.

_____ I will not allow the school nurse to assist me in training school personnel.

Parent Signature

Date

Comments: