

**HASTINGS-ON-HUDSON  
UNION FREE SCHOOL DISTRICT  
27 Farragut Avenue  
Hastings-on-Hudson, New York 10706  
Tel: (914) 478-2900  
[www.hastings.k12.ny.us](http://www.hastings.k12.ny.us)**

*To be completed by parent/guardian:*

I authorize \_\_\_\_\_, my  
*(name of designee)*  
friend, family member, 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 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 \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_