SOUTHWEST TECHNOLOGY CENTER BOARD OF EDUCATION

FFACA-E2

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

TO:	
(Administrator)	_
Southwest Technology Center	
	rdian, or individual assuming permanent care and custody of
I hereby give my consent and authorize and requirements (an employee of the school district designated by	nest the school nurse, administrator, or y the administrator, and me) to:
Administer you, in accordance with the w	, a non-prescription medication that I am hereby supplying vritten instructions of the child's physician that is attached hereto.
	, a filled prescription medication that I am hereby with the directions for the administration of the medicine listed on
	, a filled prescription medication that I am hereby with the written instructions of the physician prescribing the ereto.
administered at unpredictable	e medication on the student's person since the medication must be intervals throughout the day. A physician's statement that the been instructed in the proper method of, self-administration of
be liable to the student or the student's parent or	ducation, the school district, or the employees of the district shall not guardian for civil damages for any personal injuries to the student apployees in administering the medicine I have hereby authorized or e student.
Dated this day of	,
	(Parent with Legal Custody, Guardian, or Individual Assuming Permanent Care and Custody)
WITNESS:	(Address)
Adopted: January 1994 as policy S-175 Revised: November 1995	5
doption Date: May 15, 2006	Revision Date(s): Page 1 of 1