

CHARTER SCHOOL

Authorization for School Nurse  
To Administer Medication

TO: \_\_\_\_\_  
School Nurse

RE: \_\_\_\_\_  
Student's Name

We, the undersigned, are the parent (s)/guardian (s) of the student named above.

The student named above suffers from the illness or condition identified at the end of this form and is required to take the medication also identified at the end of this form.

We authorize the school nurse to administer this medication to him/her while the student is under your jurisdiction.

We acknowledge that the school and its employees and agents shall incur no liability as a result of any injury arising from the administration of medication by the school nurse and we agree to indemnify and hold harmless the school and its employees and agents against any claims arising out of the administration of medication by the school nurse.

We understand that this authorization only applies to the illness/condition, medication, and directions identified below.

Signature of Parent(s)/Guardian(s)

Signature of School Nurse

Dated:

Nature of Illness or Condition:

Type of Medication:

Directions: