

**Stephen Restivo**  
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***Health Plan / Emergency Care***  
**PARENT/GUARDIAN AUTHORIZATION OF ANOTHER ADULT FOR  
ADMINISTRATION OF MEDICATION**

***To be completed by parent/guardian:***

I authorize \_\_\_\_\_, my friend, family member,  
(Name of Designee)  
household member or other relationship appropriate in accordance with Education Law (6908)  
to administer the following medications(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to my child \_\_\_\_\_,  
(Student's 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 administration of such medication by  
the designee.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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