



Parental Authorization for Medication Administration

Dear Parent / Guardian,

The below authorization is necessary to ensure that the health office can provide your child with medications as prescribed.

A. Parent Authorization (to be completed for all students)

I hereby give permission for my child to receive medication at Larc School. I also give permission for the release and exchange of information between the school nurse and my child's health provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff who need to be informed to assure student safety and who have been instructed on maintaining student confidentiality.

(Parent / Guardian Signature)

(Date)

If your child is prescribed an EPI Pen, please sign below to provide consent for a Larc School certified school nurse or trained delegate/designee to administer when necessary.

B. Parent Authorization for the Administration of Epinephrine by Designees / Delegates.

I give consent for the administration of epinephrine via a pre-filled auto-injector mechanism by Larc School delegates/designees trained by the certified school nurse to administer epinephrine in the event the school nurse is not present at the scene. I understand that Larc School and its employees shall have no liability as a result of any injury arising from the administration of epinephrine to my child and that the parents and guardians shall indemnify and hold harmless Larc School and its employees or agents against any claims arising out of the administration of epinephrine to a student via a pre-filled auto-injector mechanism.

(Parent / Guardian Signature)

(Date)

***PLEASE RETURN TO THE HEALTH OFFICE
Must be signed yearly***