



## BALDWINSVILLE CENTRAL SCHOOL DISTRICT

### Medical Information

Allergies: \_\_\_\_\_

Currently on a daily medication:  No  YES Medication: \_\_\_\_\_

Is student currently on as needed medication; an inhaler, epi-pen, glucagon, etc.  No  YES

If yes, please provide name of medication: \_\_\_\_\_

Does student have any medical needs; glucose monitoring, seizure evaluations, etc.?  No  YES

If yes, explain medical need: \_\_\_\_\_

*If you answered yes to any of the above questions, please contact the teacher as soon as possible.*

### Medical Authorization

In case of an emergency, representatives of the Baldwinsville Central School District are hereby authorized to arrange for medical, dental, health and/or hospital services for the above named student. This authorization includes transportation to a medical facility for first aid, treatment, or other action deemed necessary by the school district, representative, physician, medical staff, or dentist. I understand that the school district cannot assume responsibility for the payment of medical fees or expenses incurred, and I hereby release and hold the school district harmless from any claim for medical fees or expenses and any related costs or damages.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Parent/Guardian Authorization for Another Adult to Administer Medication to My Child

If another adult will administer medications to your child on the field trip, please designate the person, and provide permission, below.

*To be completed by Parent/Guardian:*

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

\_\_\_\_\_  
to my child (Name of Student) \_\_\_\_\_.

I acknowledge that the Baldwinsville Central 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_