TO:	O OF EDUCATION	FFACA-E2		
(Principal) (School) I am the parent with legal custody, the leg intervals during the school day. I hereby give my consent and authorize a (an employee of the school district design	RIZATION TO ADMINIST	FER MEDICINE		
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Supplying you, in accommedicine, which is attain Permit the student to radministered at unpredise capable of, and has attached. I understand that under state law, the boable liable to the student or the student's pawhich result from acts or omissions of sc from the self-administration of medication	, a filled prescription me dance with the directions for the administr	dication that I am hereby ration of the medicine listed on the		
administered at unpred is capable of, and has attached. I understand that under state law, the boa be liable to the student or the student's pa which result from acts or omissions of sc from the self-administration of medicatio	, a filled prescription me dance with the written instructions of the p ched hereto.	edication that I am hereby physician prescribing the		
be liable to the student or the student's pa which result from acts or omissions of sc from the self-administration of medicatio	tain the medication on the student's persor ictable intervals throughout the day. A phy- een instructed in the proper method of, sel	ysician's statement that the student		
Dated this day of	d of education, the school district, or the ent or guardian for civil damages for any pool employees in administering the medici by the student.	personal injuries to the student		
	(Parent with Legal Cust Assuming Permanent C	tody, Guardian, or Individual Care and Custody)		
	(Address)			
WITNESS:				

Adoption Date: January 14, 2019

CANEY VALLEY BOAR	RD OF EDUCATION
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LOG OF THE ADMINISTRATION OF MEDICINE FOR THE ______ SCHOOL SCHOOL YEAR _____ - ____

DATE MEDICINE ADMINISTERED	NAME OF STUDENT GIVEN MEDICINE	NAME & TITLE OF PERSON WHO ADMINISTERED MEDICINE	NAME OF MEDICINE	DOSAGE & TIME GIVEN