

Parental Authorization to Administer Medicine

To: Ms. Oldenburg, Principal, Mulhall-Orlando High School

I am the parent with legal custody or the legal guardian of _____,
a student attending this school. This student requires medication at intervals during the day.

I hereby give my consent and authorize the school principal, my child's teacher, or an employee
of Mulhall-Orlando Public School to administer:

Name of Medication _____

Dosage _____ Dosage Time(s) _____

Doctor's Name _____ Phone _____

Name of Medication _____

Dosage _____ Dosage Time(s) _____

Doctor's Name _____ Phone _____

Name of Medication _____

Dosage _____ Dosage Time(s) _____

Doctor's Name _____ Phone _____

I understand that under state law, the Board of Education, the School District, or employees of
the District shall not be liable to the student or the student's parent(s) or guardian(s) for civil
damages for any personal injuries to the student which results from acts or omissions of school
employees in administering the medicine I have hereby authorized.

Date _____

Parent/Guardian _____ Signature _____

Witness _____ Signature _____