

**HUNTINGDON AREA SCHOOL DISTRICT
PARENT/GUARDIAN CONSENT FORM FOR MEDICATIONS**

To: _____
Building Principal

We request that school personnel administer this medication to _____
_____ (Student's Name) according to the attached directions
from our attending physician.

As parent/guardian of _____ (Student's Name), we
hereby release the Huntingdon Area School District and all its employees from any and
all liability for damages our child may suffer as a result of this request.

Date

Signature of Parent/Guardian