

Huntingdon Area School District



Parent/Guardian Consent For Medication Administration

As the parent/guardian of	we request that
school personnel administer medication to the c	above listed student
according to the attached physician's order. By sig	ning we also release
the Huntingdon Area School District and its employe	ees from any and al
liability for damages the student may suffer as a resul	t of this request.
Building:	
SIgnature of parent/guardian Date	•