



Saint John's Academy

460 Hillsdale Avenue · Hillsdale, NJ 07642 · (201)664-6364

CLASS TRIP

AUTHORIZATION FOR EMERGENCY ADMINISTRATION OF MEDICATION BY DESIGNATED INDIVIDUAL

Dear _____:

I hereby authorize St. John's Academy to designate a nurse or, in her absence,
_____, a trained designee, to administer
(name of designee)

_____ to my child _____.
(name of child)

I understand and agree that _____, the School, the School Nurse, and the Principal shall not be liable for any injury to the Student resulting from the administration of the medication as authorized by my signature below.

(Signature of Parent/Guardian)

(Date)