Permission to Administer Emergency Medication or Perform Emergency Procedure
Laramie Montessori School
Albany County School District One

Student’s name__________________________________ Date: _____________________________

Medical Condition: ________________________________

Symptoms: __________________________

I give permission for the school personnel listed below to administer the medication or perform the procedure listed below for my child, whose name is listed above. I release the persons listed below and Laramie Montessori School and Albany County School District One and their agents from liability.

Emergency medication(s) to be administered: _______________________________________________

Emergency procedure(s) to be performed: __________________________________

Personnel who have my permission to administer the medication or perform the procedure include:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Please check one:

☐ In the event the school personnel listed above are not available to administer the medication or perform the procedure listed above when my child is in an emergency situation requiring the medication or procedure, I hereby authorize anyone who is willing to administer the medication or perform the procedure to do so.

☐ In the event the school personnel listed above are not available to administer the medication or perform the procedure listed above when my child is in an emergency situation requiring the medication or procedure, no one, other than EMT personnel, is authorized to administer the medication or procedure to do so. In checking this item, I accept all consequences which may arise from this delayed treatment, which may include severe injury or death.

Please check one:

☐ I agree to train school personnel in the administration of the medication or procedure in an emergency situation if needed. I also agree to accept all consequences of incorrect training or information.

☐ I agree to allow a certified professional to train school personnel in the administration of the medication or procedure in an emergency situation if needed. I also agree to release the certified professional and the company they work for from liability in this training situation.

__________________________________  _________________________
Parent Signature                      Date

Comments: