

Barnwell County Career Center
5214 Reynolds Road
Blackville, SC 29817

**PARENT/LEGAL GUARDIAN PERMISSION
TO ADMINISTER MEDICATION TO STUDENT**

I request that a member of the center staff give medication to my child, _____
according to doctor's orders.

I am aware that center employees are not licensed or specially trained to administer medications. I understand that in order to ensure that someone is available at the center to administer medications at designated times, the director may designate non-nursing personnel to administer medication as well. Accordingly, I hereby authorize the director or his/her designee to administer the prescribed medication to my child.

I have attached a statement from my child's physician naming the medication(s) to be given, the dosage and the time(s) the medication should be given. I understand it will be my child's responsibility to remind center employees of the time the medication is to be administered.

I agree to immediately advise the center of any changes in my child's condition which would require altering the administering of the medication set forth in the attached statement from my child's physician.

I also agree not to hold the Barnwell County Career or center personnel liable for any adverse drug reaction when the medicine is administered according to the prescribed methods.

I understand the director may deny this request for legitimate reasons.

Parent/Legal guardian

By checking this, the above agrees to use electronic signatures.
Furthermore, they agree this is the equivalent of their manual/handwritten signature.

Date