

Medication Administration Delegation Form

The West Shore Music Boosters has identified volunteer chaperones, who are not District employees, to serve as Designated Adults. The volunteers are Ben Rupp, Hope Rupp, Jenn Dillman, Patti Buffington, and Debbie Haar.

For purposes of Medication Administration Delegation, the above-named individuals will serve as Designated Adults.

This form is valid *only* for my child’s participation in the West Shore Music Boosters trip to Dayton, occurring on April 17-21st, 2024. I, being the parent/guardian of _____, do hereby authorize/consent for the above-named Designated Adults, to administer over-the-counter or prescription medication(s) during my child’s attendance on the Dayton trip. I understand that this form must be completed fully for the Designated Adults to administer the medication to my child.

Parent/Guardian Name: _____ Cell Number: _____

Please provide specifics to the Designated Adults regarding medication name, dosage, and time or circumstances of administration on the **Music Booster Consent and Authorization Form**. If administration of prescription medication is requested, the specifics much match those of the prescribing medical professional.

Additionally, I, as parent/guardian, also understand, acknowledge, and voluntarily agree to the following:

1. I will communicate and plan accordingly to meet my child’s medication needs while they are on the Dayton trip. As such, because I am delegating medication administration to Designated Adults, that is not a District employee/contractor (or within the District’s control), I am the one held accountable to provide the supplies and training to the Designated Adults. Neither the District’s school nurse nor any of the District’s employees will provide training, supplies, or medications, and will **NOT** be involved in the delegation process per the Pennsylvania Nurse Practice Act.
2. I may **NOT** delegate responsibility for medication administration to any school staff member or my child.
3. Medication must be in its original package and must remain in the Designated Adults’ possession.
4. Medication never before administered to my child is not appropriate to be administered by Designated Adults on the Dayton Trip for the first time.
5. I will provide prescription medication in the original bottle with a prescription from the doctor, physician assistant, or nurse practitioner that prescribed the medications, and instructions for administration to the Designated Adults.
6. I agree that the Designated Adults are competent to administer medications in my absence and under my instructions and agree to his/her administration of medications to my child.

7. I will indemnify and hold harmless the West Shore School District, its Board of Directors, employees, and agents, and the Designated Adults against any claims arising out of the administration of medication to my child, pursuant to this Authorization.

8. If the Designated Adult is unable to continue administering my child's medication, I will communicate that to the District immediately.

Parent/Guardian Signature: _____ Date: _____

Approved by: _____ Date: _____
(District Designee)