

**PARK COUNTY SCHOOL DISTRICT 6  
BOARD OF EDUCATION POLICY**

**MEDICATION ADMINISTRATION –  
DESIGNATION OF PERSONNEL FORM**

I, \_\_\_\_\_, the principal of \_\_\_\_\_  
School, designate the following people to administer medications in the above indicated school for the  
school year \_\_\_\_\_.

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_