

RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) Mo Day Yr

Do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

We enter into this agreement expressly to release, discharge, forgive and waive any right whatsoever that may accrue to ourselves or to our minor son/daughter/ward, against the school or the Archdiocese of Detroit or any personnel of the aforementioned from any liability whatever in the administration of the following medication to

_____ . _____
(Student's Name) (Grade & Room #)

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

Check here if this release is for a metered dose asthma inhaler, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler possession and use by students as permitted in Public Act 10 – Revised School Code.

_____ (Doctor's Signature) _____ (Please Print Name) _____ (Date)

_____ (Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT'S SIGNATURE _____

GUARDIAN'S SIGNATURE _____

DATE _____