

STUDENT HEALTH SERVICES EXHIBIT

Medical Release Form

I, _____, hereby request that
(Name of Parent or Guardian)

_____ administer such medication during (Name of
Designated School Staff Member)

each school day as prescribed by the family physician to _____.
(Name of Student)

In cases of continued medication, this medication is to be administered every school day during the present school year, or until terminated by written notice.

I hereby release the designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above-named student.

Signed: _____
(Signature of Parent or Guardian)

Date _____

Adoption date: April 17, 2007