

MEDICATION WAIVER

If any medication (over-the-counter or prescription) needs to be administered at school, a parent/guardian is responsible for providing the medication and the required forms.

This form states that I (Parent/Guardian) am choosing to NOT provide or keep possible forms and/or medication at school for my child or have them self carry (middle school age and up).

I, _____ (Parent/Guardian *PRINTED* name)

The Parent/Guardian of:

Print Child's Name: _____

School: _____

Grade: _____

Medical Condition: _____

am choosing to NOT keep Medication(s) and/or permission forms at school or have my child self carry as per school policy.

List medications not being provided or self-carry:

I have been able to ask questions and am aware of the school's medication policy and understand this WAIVER. I understand the possible severity of my child's condition and that it may be life-threatening. 911 will be contacted in an emergency. I assume financial responsibility of any costs incurred.

The undersigned parent(s) or guardian(s) hereby agree to release the school and its personnel from any and all claim(s), which they now have or may hereafter have arising regarding the consequences of this waiver action plan.

Parent/Guardian Signature

Date

Phone

This waiver is effective indefinitely unless changed by Parent/Guardian