

PARENT RELEASE FOR THE ADMINISTRATION OF ORAL MEDICATION
OR MEDICAL PROCEDURES AT SCHOOL

The principal of: Central Elementary Hilltop Elementary Reading Jr/Sr High School

We (I) the undersigned who are the parent(s) guardian(s) of _____
request that oral medication or medical procedures be administered to our child in accordance
with the instructions of our physician found on the reverse side of this form. We (I) understand
that the administration of said medication or medical procedure is to be done under the
supervision of a member of the school staff.

Further, we (I) understand that the school personnel may not be legally obligated to administer
oral medication or medical procedures to any child, and therefore, we (I) agree to hold the school
district and its employees free from any and all responsibility for the results of such medication
or medical procedures or the manner in which they are administered and to indemnify each of
them against loss by reason of any civil judgment arising out of these arrangements which may
be rendered against them.

Further, we (I) will notify the school immediately if we change physicians or medication or
terminate the use of this medication for any reason. If the physician or medication change, we
(I) will submit a revised doctor's statement.

We (I) give my child permission to possess and use an inhaler as prescribed by his/her
physician.

for epinephrine, also.

Signature of parent/guardian: _____

Signature of parent/guardian: _____

Address of parent/guardian: _____

Home telephone number: _____

Work telephone number: _____

Date of signature: _____