RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent an	ıd/or guardian d	of:				
(Student's Name)		(Grade/Room #)	Born _	Mo	// Dav	Yr
(Gladeni e Hame)		(Grado/Hoom II)	'		Day	••
do hereby sign and execute t son/daughter/ward.	his release on	behalf of us and	d no b	ehalf	of our	minoi
NAME OF MEDICATION:						
DOSE:						
TIME TO BE GIVEN:						
DURATION:						
ATTACH DOCTOR'S NOTE R ADMINISTRATION OF MEDIC		MERGENCY CAR	RE PLA	AN A	ND	
or epinephrine auto-injector, own discretion in school or a parents/guardian signature b epinephrine auto-injector pos Act 10 – Revised School Cod	at school activelow apply to ssession and le.	ities. The physic the inhaler, insu use by students	cian ar ılin puı	nd mp o mitte	r	
,				,	•	
	()_	(Phone Number)				
We hereby waive any liability any of its personnel, that mig indicated dosage at the time re	ht occur as th	ne result of giving	g said	med		
PARENT/GUARDIAN						
		(Signature)				
-		(Print Name)				
	DATE					