

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT IN FULL AND THAT I HAVE THE LEGAL AUTHORITY TO CONSENT TO THE ADMINISTRATION OF THIS MEDICATION.

Date _____ Signature of parent/guardian _____

Printed Name _____

Date _____ Witness (school employee) _____

Printed name _____

NOTE:

A physician's written authorization must accompany this request, and the medication must be provided to the school in the original container, with a legible label.

THIS RELEASE IS TO BE RETAINED IN STUDENT'S MEDICAL FILE.