RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent an	d/or guardian of:	
(Otrodo et la Nama)	Born	//
(Student's Name)	(Grade/Room #)	Mo Day Yr
do hereby sign and execute t son/daughter/ward.	his release on behalf of us and on b	oehalf of our mino
NAME OF MEDICATION:		
DOSE:		
TIME TO BE GIVEN:		
DURATION:		
ATTACH DOCTOR'S NOTE R ADMINISTRATION OF MEDIC	EGARDING EMERGENCY CARE PL CATION.	AN AND
own discretion in school or a parents/guardian signature b epinephrine auto-injector pos Act 10 – Revised School Cod	which the student will possess and at school activities. The physician a pelow apply to the inhaler, insulin pussession and use by students as pele. (Please Print Name)	and ump or ermitted in Public
(= constructions)	,	, ,
	()(Phone Number)	
any of its personnel, that mig	whatever to the school or the Archdight occur as the result of giving said equested to our minor son/daughter/wa	d medication in the
PARENT/GUARDIAN		
	(Signature)	
-	(Print Name)	
	DATE	