

PARENT/GUARDIAN MEDICATION CONSENT AND RELEASE

Student Name: _____ Grade: _____

Emergency Contact(s): _____

Prescribed Medication:

I hereby request, authorize and empower the Carden School of Fresno to administer medication or treatment as described to the student named above. I release the Carden School of Fresno and any staff member of the student’s school from any legal liability that may result from the administration of such medication or the giving of such treatment. I also agree to indemnify the Carden School of Fresno against claims at any time made by the student named or by any other party arising out of the administration of medication or treatment described herein to my child.

I further acknowledge awareness that school staff members are not medically trained personnel and that my expectations of school personnel in the knowledge and administration of medication to my child or any other child shall be no greater than that of their professional field.

PARENT/GUARDIAN PERMISSION:

I request and give consent to allow a staff member to administer this prescribed medication or treatment at school with the in full realization that that person is not a medically trained person.

Signature of Parent/Guardian

Date