



**Nouvel Catholic Central
Jr. High/High School**
Dispensing of medication: Release Form

We, the undersigned parent and/or guardian of:

(Student's Name) Born ____ / ____ / ____
Mo Day Year

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

We enter into this agreement expressly to release, discharge, forgive, and waive any right whatsoever that may accrue to ourselves or to our minor son/daughter/ward, against the school or the Diocese of Saginaw or any personnel of the a forenamed from any liability whatever in the administration of the following medication to:

(Student's Name) (Grade and Room#)

Name of medication: _____

Dose: _____

Time to be given: _____

Duration: _____

Side Effects: _____

(Doctor's Signature) (Doctor's Printed Name) (Doctor's Phone)

We hereby waive any liability whatever to the school or the Diocese of Saginaw, or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

Parent/Guardian's Signature: _____

Date: _____