



Medication Release

I am the parent/guardian with legal custody/guardianship of

_____, a student at Legacy

Christian School. This child may require medication to be dispersed at intervals throughout the school day. I hereby give my consent and authorize the school administrator, secretary, or other designated school employee to:

- () Administer _____, a non-prescription medication which I am supplying the school in accordance with written instructions of the child's physician, or as directed on the label of the medication. The dosage on the above medication for my child is as follows:_____.
- () Administer _____, a filled prescription medication which I am supplying the school in accordance with the directions for the administration of the medicine listed on the label of the medication bottle.
- () Administer _____, a filled prescription medication which I am supplying the school in accordance with the written instructions attached of the physician prescribing the medication.

I understand that under state law, the school and its employees shall not be liable to the student or the student's parent/guardian for civil damages for any personal injuries to the student which results from acts or omissions of school employees in administering the medication I have hereby authorized.

Dated this _____ day of _____, 20 _____

Signature of Parent/Guardian