



"Learning Today, Leading Tomorrow"

PARENTS RELEASE TO SCHOOL

Student Name: _____

I hereby state that I have read and fully understand the rules and regulations regarding the giving of any type of medicine to my child during school hours. I agree to abide by these regulations. I also agree as indicated by signature below to release the District and/or all District personnel from liability for any and all injuries that may result from my child taking or neglecting to take medicine prescribed.

In addition, I agree to the sharing of medical information with school faculty and staff on a need to know basis, including but not limited to medications, diagnosis and physical restrictions or limitations.

Print Parent Name

Parent Signature

Date

Home Phone Number

Emergency Number

Alternate Number

Doctor's Name

Doctor's Phone Number

EMERGENCY CARE PROCEDURE

In case of critical emergency, the parent or guardian will be contacted first, if possible. The family physician will be used only when the parent cannot be reached. If we are unable to contact the parent, the emergency ambulance service will be utilized.

In a critical emergency (life threatening), I understand that my child will be taken to the closest hospital at the discretion of the emergency medical service (EMS).

I will accept full financial responsibility for charges connected with the use of an ambulance and for charges connected with care at the hospital.

Print Parent Name

Parent Signature

Date