

Archdiocese Of Milwaukee

Release Form for Student Emergency Medication Use

Parents:

Please ensure that all signatures necessary to implement this Emergency Medication Use Form are in place before submitting it to the school office.

Date: _____

_____ has been instructed in the proper use of the
(Child's Name)

following emergency medication: _____

We, _____ and _____
(Physician) (Parent/Legal guardian)

request that (Child's Name:) _____ be permitted to carry the emergency medication on his/her person, or to keep same in his/her classroom or locker, as we consider this student to be responsible. He/she has been instructed in, and understands the purpose and appropriate method and frequency of use of this medication.

We, the undersigned physician and parent/legal guardian absolve the school and its employees, agents and officers of any responsibility in safeguarding our child's emergency medication.

(Physician's Signature)

(Parent/Legal Guardian's Signature)

(School Principal's Signature)

(Homeroom Teacher's Signature)