MEDICAL RELEASE and WAIVER OF LIABILITY FORM FOR ADMINISTERING MEDICATION TO THE CHILD NAMED IN THIS DOCUMENT

MEDICATION: A completed copy of this form should be available to when school starts. If your child is on medication that needs to be administered at school, this form must be completed. The medication must be hand-delivered *in its original container.* to one of our staff members; not sent in with your child or in her lunch box. We will not be able to dispense any medication unless this procedure is followed. This is for prescription* meds as well as over-the-counter medications such as an epi pen, liquid benadryl, topical creams including but not limited to diaper ointments, antiseptic cleanser, antibiotic ointment, first aid cream, sun block/sunscreen.

***(There is a Medical Log Sheet you will also need to fill in for staff to administer Prescription meds.)**

I/We, the Parents/Guardians, do hereby give consent to TMAD for the ADMINISTERING of MEDICINE to our child_____ for (name a specified time)_____ date/year or as needed if a sun block or certain over-the-counter meds(for example). The name of the medications are (please fill in the name of each one below).

_____ Print Name _____Sign Name

_____ Print Name _____Sign Name