

Carden Academy of Santa Clara  
Santa Clara, CA

\_\_\_\_\_   
print child's name ( last name , first name)

**PARENT RELEASE FORM FOR THE ADMINISTRATION OF MEDICINE**

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendation as nearly as possible at school, just as does a parent or any other person (not necessarily a nurse) if the physician requests his/her assistance. The fact that this is a service or accommodation which the school is not legally required to perform, is recognized by the parent signing this form, and in so signing, agrees to hold the school or its personnel free from any or all suits which might arise out of these arrangements.

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IT IS UNDERSTOOD THAT CARDEN ACADEMY OF SANTA CLARA IS NOT LEGALLY OBLIGATED TO ADMINISTER MEDICATION TO MY CHILD, AND THEREFORE, I AGREE TO HOLD THE SCHOOL AND SCHOOL EMPLOYEES FREE FROM ANY AND ALL RESPONSIBILITY FOR THE RESULTS OF SUCH MEDICATION OR THE MANNER IN WHICH IT IS ADMINISTERED AND TO INDEMNIFY EACH OF THEM AGAINST LOSS BY REASON ON ANY CIVIL JUDGMENT ARISING OUT OF THESE ARRANGEMENTS WHICH MAY BE RENDERED AGAINST THEM.

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I, THE UNDERSIGNED, WHO IS THE PARENT OF \_\_\_\_\_ REQUEST THAT MEDICINE BE ADMINISTERED TO MY CHILD IN ACCORDANCE WITH HIS/HER PHYSICIAN \_\_\_\_\_ M.D. BY A MEMBER OF CARDEN ACADEMY OF SANTA CLARA'S STAFF. I WILL PROVIDE WRITTEN DOSAGE INSTRUCTIONS WITH THE MEDICATION, PRESCRIPTION OR OVER-THE-COUNTER. I WILL NOTIFY THE SCHOOL IMMEDIATELY IF WE CHANGE PHYSICIANS OR IF THIS MEDICATION CONSENT IS CHANGED.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE