

**PARENTAL/GUARDIAN CONSENT FORM  
AND LIABILITY WAIVER**

**Medications:** My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. **Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:**

Please initial your choice (s):

\_\_\_\_\_ I hereby grant permission to give my child the prescribed medication above.

\_\_\_\_\_ ONLY after immediate contact with myself or a named representative, I hereby grant permission for non – prescription medication to be given to my child.

(ie: throat lozenges, allergy relief)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By law, asthma rescue inhalers (ie:albuterol) may be in the possession of the student. Please let the school know if your child has a prescribed inhaler in school.