



## Medication Release Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

In consideration of the permission granted to my child to take medication during school hours, I hereby release Mountain View Christian Schools, its agent, and employees from all actions, causes of action, damages, claims, or demands which I, my child, or my child's heir(s), executor(s), administrators, or assigns may have against Mountain View Christian Schools for all injuries known or unknown which my child may incur by or arise from the administration of the following medication:

**Name of Medication:** \_\_\_\_\_

**Dosage to be Given:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Time Medication is to be Administered:** \_\_\_\_\_

**Last Time Medication was Administered:** \_\_\_\_\_

**Reason Medication Needs to be Given:** \_\_\_\_\_

**Prescribing Physician / Practitioner:** \_\_\_\_\_

Mountain View Christian Schools is authorized to store medication listed above upon the premises of the school. Furthermore, Mountain View Christian Schools is authorized to destroy this medication upon the expiration of this release (which is at the end of the current school year) or expiration of the prescription for medication treatment, whichever comes first.

I, the undersigned, have read this release and fully understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Emergency Phone #