

St. Jude the Apostle School
Consent and Release Form

I _____, as a parent or legal guardian of _____,
(Parent/Guardian) (Student)

authorize the designation of specified school personnel of St. Jude the Apostle School, who are not licensed health care providers, to supervise the administration of required medication, which is to be "self directed" to my child.

Type of Medication: _____

Dosage and frequency of Administration: _____

Beginning Date: _____ Ending Date: _____

I understand every effort will be made to notify me immediately should it become necessary to obtain emergency medical treatment in connection with my child's condition. The person(s) who should be notified and telephone number(s) are:

In consideration of the acceptance of this authorization for the designation of the assistance of my child, I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all claims for damage I may have against said school, their representatives, employees, successors, and assigns, rising out of any and all injuries sustained.

Date: _____ Signature: _____

A school of the ROMAN CATHOLIC DIOCESE of ALBANY

