

**PLEASE READ THIS DOCUMENT CAREFULLY AS YOU ARE WAIVING
CERTAIN LEGAL RIGHTS YOU MAY OTHERWISE HAVE**

RELEASE AND HOLD HARMLESS FOR MEDICATIONS

To be complete by Parent or Guardian:

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event of a medical emergency or if necessary for the critical health and well-being of my child I hereby authorize the Wilco Area Career Center and its employees and agents, on my behalf and stead, to administer or to attempt to administer medication to my child during school hours.

I further represent to the Wilco Area Career Center that my child (check one):

_____ is capable of self-administering the medication.

_____ is **not** capable of self-administering the medication.

I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES.

I further acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered or is self-administered by my child, I waive any claims I might have against the Wilco Area Career Center, release and hold the Wilco Area Career Center, its employees and agents, either jointly or severally, harmless from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature _____ Date _____