RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of	ot:	
		1 1
STUDENT'S NAME	GRADE	BIRTH DATE
do hereby sign and execute this release on be of our minor son/daughter/ward.	ehalf of us and on	behalf
NAME OF MEDICATION		
DOOF		
TIME TO BE GIVEN		
DURATION		
Check here and attach emergency care metered dose asthma inhaler, which the stubis/her own discretion in school or at schoparents/guardian signature below apply to students as permitted in Public Act 10- Reference of the control of	plan, if this released udent will possessool activities. The the inhaler posse	se is for a s and use at physician and ession and use by
DOCTOR'S SIGNATURE	PRIN1	NAME
DATE	TELEPHON	NE NUMBER
We hereby waive any liability whatever to the any of its personnel, that might occur as the redosage at the time requested to our minor so	sult of giving said r	
PARENT/GUARDIAN SIGNATURE	PRINT NAME	
	TODAY'S DATE	