

Parental Authorization and Liability Waiver:

Fenwick High School

Student Name: _____

Class: _____,

I, the undersigned, give my permission to allow the school nurse/or other Fenwick High School personnel dispense the medication described on the "Authorization of Medication" form to my child, the above named student. It is understood that the undersigned, individually and on behalf of the student, waives the right to bring any claim against Fenwick High School and any of its employees or agents, as the result of the above named student receiving the medication referenced herein.

The undersigned also grants permission to Fenwick High School's nurse, deans, coaches or other designated representative, to authorize any emergency treatment considered necessary by qualified medical personnel for the student whose name appears above. This authorization covers the time that the student is at Fenwick attending school and for the time that the student is attending school sponsored events as defined in the school policy while the student is in attendance at Fenwick High School. It is understood that the undersigned, individually and on behalf of the student, waives the right to bring any claim against Fenwick High School or any of its employees or agents, as the result of the student receiving the emergency medical treatment referenced herein.

Parent printed name: _____ Date: _____

Parent signature: _____ Date: _____