

APPENDIX A (page 1)

PARENT/GUARDIAN MEDICAL PROCEDURE REQUEST/WAIVER FORM

Name of Student _____ AB Health Care # _____
(optional)

Birthdate _____ Home Telephone _____

Address _____

Emergency Contact Name & Telephone _____

Medical Condition _____

** Procedure Required: (Indicate specific details) _____

Name of Doctor _____ Doctor's Telephone _____

Name of Medication _____

Pharmacy _____ Pharmacy Telephone _____

The time(s) medication/procedure is to be given _____

Dosage and/or related instructions _____

Possible side effects _____

Special procedures or instructions _____

We, the parents/guardians of _____ request the procedures identified above and hereby release and indemnify all rights of action on behalf of ourselves and/or our child in case of any cause of action that may arise as a result of proceeding with our request for administering medication or medical procedure.

OR

We, the parents/guardians of _____ exercise our right NOT to provide an adequate supply of up-to-date auto-injection or other prescribed medications.

Mother/Guardian _____ Date _____

Father/Guardian _____ Date _____

APPENDIX A (page 2)

PARENT/GUARDIAN MEDICAL PROCEDURE REQUEST/WAIVER FORM

SCHOOL USE

Location where medication/personal or care supplies are kept _____

Person designated to administer or provide procedure _____

Alternate person(s) _____

****Where procedures beyond a written prescription are required,
written instructions from the doctor shall be attached.**