



Missouri Military Academy

2021-22 Medication Release Form

I, _____, as parent or guardian of _____
(Cadet Name), request prior to his departure from MMA on
____/____/____ (date). I am fully aware that there are inherent
risks by releasing medication to a cadet, and I release MMA from
any and all liability regarding this matter.

Signature _____ Date ____/____/____

Printed name _____