



UPPER ADAMS SCHOOL DISTRICT
161 NORTH MAIN STREET
BIGLERVILLE, PENNSYLVANIA 17307
717-677-7191
www.upperadams.org

Parent(s) or Guardian(s) Release and Waiver Regarding
Administration by School District
of Medication and Medical Treatment to Student

We (I), _____ and _____,
the parent(s) or guardian(s) of _____,

a student attending the Upper Adams School District, Biglerville, Pennsylvania, hereby request that the school district administer to the student the medication and/or medical procedures, injections, treatments, or course of care listed in the attached medical prescription or plan of treatment signed by the student's physician.

In making this request, we (I) acknowledge that the school district is under no obligation to grant the request and, having granted the request, may in the future decide to no longer comply with the request following notice to us (me) of this decision.

In consideration of the school district granting this request, we (I), for ourselves (myself), the student, all of our and their personal representatives and assigns, do hereby expressly waive, release, discharge and exonerate, and we (I) further agree to hold and save harmless and indemnify the school district, its employees, officers, administrators, directors, teachers, agents, employees, servants and volunteers, from and against any and all claims, demands actions and causes of action of any sort, whether civil or in equity, including third party or additional defendant liability, for any loss whatsoever which we (I) or the student may sustain, or for any injury or illness or aggravation of any medical condition whatsoever that the student may suffer or sustain as a result of the administration, or failure to administer to the student the medications and/or medical procedures, injections, treatments or course of care requested.

We (I) have read and understand this release and waiver.

Intending to be legally bound hereby, we (I) have signed and executed this Release and Waiver on this _____

Day of _____, _____.

Parent/Guardian Signature: _____ Daytime Phone Number: _____

Parent/Guardian Signature: _____ Daytime Phone Number: _____