

## Authorization Not to Administer Medicine to Student and Release of Liability

I, the undersigned parent/guardian of student \_\_\_\_\_ give my permission for my child to participate in outdoor education activities and stay overnight in the dormitories without having access to or taking the following medication(s):

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above-mentioned medications are not essential for the preservation of my child's health, and I authorize Foothill Horizons Outdoor School staff to not administer the above-referenced medication(s) to my child during his/her stay at the outdoor school.

I voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury or wrongful death occurring to my child that may arise as a result of this authorization to not give my child the above-referenced medications.

### Parent/Legal Guardian Information and Signature

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please email the completed and signed form to:**

**Attn:** Foothill Horizons

**Email address:** [foothillhorizons@stancoe.org](mailto:foothillhorizons@stancoe.org)

**Fax:** (209) 532-0019