



**MEDICATION ADMINISTRATION RELEASE AND WAIVER**

It is understood that medication is administered solely as an accommodation to the undersigned parent/guardian. If after administering medication there is an adverse reaction, I/we give permission to CDS to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I/we agree to be responsible for payment of any and all medical services rendered.

I hereby acknowledge that the information on this form provided for the dispensing of medication for my minor child, ward, or other family member is accurate. By signing this release I hereby authorize CDS to contact the physician, if necessary, to clarify any written order. I/we understand that CDS does not provide any guarantee of medical confidentiality.

I/we understand that CDS cannot assess the need for, or any risks associated with, the administration of any medication. I/we understand that CDS will not be responsible for the student actually swallowing the medication dispensed, for the student running out of medications, or for any adverse reaction to medication. By agreeing to dispense and administer medications, I/we agree that CDS is not undertaking any duty to me or my child to ensure the effectiveness of the medication or whether the medication is appropriate for my child.

I/we recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my/our minor child and that it is impossible to eliminate such risks. Notwithstanding this knowledge, and in consideration of CDS administering medication to my/our minor child, I/we do hereby fully release or discharge CDS and its officers, agents, volunteers, and employees from any and all liabilities and any and all claims from injuries, damages, and losses I/we or my/our minor child may have arising out of, connected with, incidental to, or in any way associated with the dispensing and/or administration of medication or any disclosure relating to medication administered. I/we further agree to indemnify, hold harmless, and defend CDS and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my/our minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

**I HAVE ADVISED THAT THE ABOVE STUDENT MAY USE THE MEDICATION(S) OR TREATMENT(S) AS INDICATED. SHOULD THERE BE ANY CHANGE IN MEDICATION(S) I WILL ADVISE CDS BY FILLING OUT A NEW FORM.**

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Cell/Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Cell/Work Phone

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Home Phone