

Acknowledgement of School Medication Procedures Policy

DOCUMENT 16

I hereby acknowledge that I have received and read the School Medication Procedures. I understand that I am primarily responsible for all medical decisions regarding my child and that under the School Medication Procedures the administration or self-administration of medication to my child will not be allowed unless I have complied with the requirements of the School Medication Procedures.

My child _____ has the following medical conditions:
Student's name

Parent Signature

Date

Please print name of person who signed above.