

**Archdiocese Of Milwaukee**

**Release Form for Student Emergency Medication Use**

Parents:

Please ensure that all signatures necessary to implement this Emergency Medication Use Form are in place before submitting it to the school office.

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

\_\_\_\_\_ has been instructed in the proper use of the  
(Child's Name)

following emergency medication: \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_  
(Physician) (Parent/Legal guardian)

request that (Child's Name:) \_\_\_\_\_ be permitted to carry the emergency medication on his/her person, or to keep same in his/her classroom or locker, as we consider this student to be responsible. He/she has been instructed in, and understands the purpose and appropriate method and frequency of use of this medication.

We, the undersigned physician and parent/legal guardian absolve the school and its employees, agents and officers of any responsibility in safeguarding our child's emergency medication.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(School Principal's Signature)

\_\_\_\_\_  
(Homeroom Teacher's Signature)