

Lago Vista Independent School District Parent/Guardian Release

I, _____, parent/guardian of _____
(Parent/Guardian's Name) *(Student's Name)*

give him/her permission to use the prescribed medication _____ as

instructed by _____.
(Physician's Name)

I understand that this medication may not be distributed by my child to
init anyone else and that I may be held liable if my child distributes this
medication to anyone else.

I understand that my child will be held responsible for the possession and
init control of the medication during the time he/she is under the school's
jurisdiction.

I understand that Lago Vista ISD can not be held liable for any misuse/abuse
init of the medication by my child. Therefore, I release Lago Vista ISD from any
responsibility for my child's actions with regard to the prescribed medication.

Furthermore, I realize that any misuse/abuse of the medication by my child
init may result in disciplinary action by Lago Vista ISD.

Parent's/Guardian's Name (Print) _____

Parent's /Guardian's Signature _____

Telephone number (home & daytime) _____

Date _____