

Refusal to provide prescribed medication or health care documentation and release, hold harmless, and indemnification agreement.

Child's Name _____ Child's DOB _____

Child's Health Condition _____

Child's School _____

I, _____, parent/guardian of _____ decline to provide the school with the following medication and/or a current health care plan for the health condition identified above, as prescribed by my child's health care provider and I have been informed of the school's medication policy and the potential risks of not having this medication available.

Medication: _____

Health Care Plan: _____

I acknowledge and accept full responsibility for any health-related issues or reactions associated with my child's condition while my child is attending school. I permit school staff to call emergency services (911) if urgent medical attention is needed.

I hereby release and hold harmless the school, its board members, employees, and agents from all claims or liability arising from the consequences of this refusal, including any injuries or damage resulting from the school's inability to administer treatment in accordance with state law or school policy.

I affirm that I am executing this acknowledgement knowingly and voluntarily, with full understanding of its contents. It is strongly recommended that you consult with a licensed healthcare provider regarding the medical consequences of refusal.

Parent/Guardian Signature _____ Date _____

This refusal will stay in effect for one calendar year or until the parent/guardian decides to cancel this refusal letter.