



Roman Catholic Diocese of Albany
40 North Main Avenue, Albany, New York 12203

CONSENT AND RELEASE FORM

[Self Directed Medication]

I _____, as a parent or legal guardian of _____, authorize the designation of specified school personnel of Notre Dame - Bishop Gibbons, who are not licensed health care professionals, to supervise the administration of required medication, which is to be "self-directed" to my child.
(Name of School)

Type of Medication _____

Dosage and Frequency of Administration _____

Beginning date _____ Ending Date _____

I understand that every effort will be made to notify me immediately should it become necessary to obtain emergency medical treatment in connection with my child's condition. The person (s) who should be notified and the telephone number(s) are:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

In consideration of the acceptance of this authorization for the designation of the assistance for my child, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against said school, their representatives, employees, successors and assigns, rising out of any and all injured sustained.

Date _____

Parent/Legal Guardian

Signature _____

We are God's people sharing a responsibility to witness God's unconditional love and to bring Christ's healing presence to our world.