



SPAULDING ACADEMY & FAMILY SERVICES  
MEDICATION RELEASE of LIABILITY FORM

For students on medication:

As the parent/guardian of \_\_\_\_\_, I do hereby authorize the Health Services Department of Spaulding Academy & Family Services to assist my son/daughter in the matters set forth in the physician's statement which prescribed medication, and in all ways comply with the orders concerning this medication.

I hold Spaulding Academy & Family Services harmless from any consequences resulting from this regimen of medication.

I hereby authorize Spaulding Academy & Family Services to contact the physician concerning my student's medical treatment.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

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