

MEDICAL RELEASE FORM

By signing this form, I authorize Walden School of Liberal Arts to administer regular first aid if deemed appropriate. This may include, but is not limited to:

- Calling an ambulance
- Allowing a doctor or hospital to administer necessary medical treatment.

I understand that it is my responsibility to fill out the Medication Authorization Form and return it to the school if my child takes medication that needs to be administered at school. This form is available for you to pick up at the front office.

Parent Signature _____