

8.2009

## Waiver and Release of Claims

I understand that it is my responsibility to give all medication directly to district staff with full instructions in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles. I further understand that, in the case of a program filed trip, it is my responsibility to provide a satisfactory storage container. *i.e.*, a portable cooler for insulin.

In all cases, medication dispensing can only be changed or modified by completing another *Waiver and Release* form and *Request to Administer Medication* form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor student, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the appropriate school office, in writing, if there are any changes in the dispensing of medication.

I understand that I have the primary responsibility for administering medication to my student. I further understand that if it is necessary for my student to take medication during Marysville Public Schools District school hours, I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side-effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

### Injections:

I hereby request the school personnel, or its agents, assist in the monitoring procedure for my child as prescribed by the doctor. I understand that:

- (1) there is no liability on the part of the school district, its personnel, or agents, for civil damages as a result of assisting with this procedure when the person acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances;
- (2) all supplies, such as a glucose monitor, must be provided by the parent/guardian; ***In addition, in consideration of the safety of school employees who are giving injections, parents must provide the school with needle stick prevention devices, such as self-blunting needles, hinged needle guards, needle shields, or dial packs. Appropriate use of needle stick prevention devices can significantly reduce the incidence of injuries.***
- (3) emergency medication, such as glucose source/insulin, must be provided by the parent/guardian;
- (4) any monitoring equipment and/or emergency medications must be picked up, by an adult, within one week following the close of the current school year.
- (5) ***in the event of accidental employee exposure during the injection, I agree to have my child tested within twenty-four hours for blood borne pathogens and to release test results to the building principal. The District will pay testing costs that are above and beyond the parent's/guardian's insurance coverage.***

I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Marysville Public Schools District.

In consideration of the Marysville Public Schools District administering medication to my student, I do hereby fully release or discharge the Marysville Public Schools District, and its officers, agents, and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me and my student), and arising out of, connected with, incidental to, or in any way associated with the administering/dispensing of medication.

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Signature of Parent or Guardian

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Date