

**REFUSAL TO PROVIDE BACK-UP
EMERGENCY MEDICATION OR MEDICAL DEVICE
WHEN STUDENT IS SELF-CARRY / SELF-ADMINISTER**

Students Name: _____ DOB: _____

Name of Medication / Medical Device: _____

I am the parent/guardian with legal custody of the above-named student who attends Flint Hills Christian School. I am refusing to provide the school with a back-up supply of my student's emergency medication and/or medical device. I understand that if my student needs said medication or device and the medication or device is not accompanied with the student that EMS will be notified. I understand that I will be responsible for all costs associated with EMS activation.

I understand that under state law and board policy that Flint Hills Christian School and employees of Flint Hills Christian School will not be liable to the student or student's parent/guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees during a medical emergency in which my student does not have the emergency medication or medical device.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

School Nurse: _____ Date: _____