



**Saint Michael Catholic School**  
**REFUSAL TO PROVIDE MEDICATION & WAIVER OF LIABILITY**  
**FORM**

\_\_\_\_\_  
 Child's Complete Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Child's Health Condition for which the parent/guardian is not providing medication/plan

I \_\_\_\_\_, parent of \_\_\_\_\_, do not wish to supply Saint Michael Catholic School (School) with any medication and Emergency Care Plan or Medication Authorization Form for the above mentioned health condition. I take full responsibility for any reactions or health problems related to my child's health condition while he or she is under the care of Saint Michael Catholic School (School) or any of its staff members. I give consent, that in the event of an emergency any members of the school may contact 911 in order for emergency care to be provided to my child.

In light of my voluntary refusal to supply this medication and the Medication Authorization Forms, I further agree to indemnify Saint Michael Catholic School (School), any of its staff members, its volunteers, and the Diocese of Arlington for any and all expenses incurred from actions due to complications my child experiences because of the above-named health condition, including the costs for emergency transport to a healthcare facility.

**I freely execute this Acknowledgement with full knowledge of its content.**

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of School Official

\_\_\_\_\_  
 Date