

Place
Photo of
your child
here.

Release of Liability

I, _____ parent/guardian of
_____, indemnify _____
School District Administrators, Classified, Certified,
Counselors, Nurses, and any and all others including
Volunteers from any and all liabilities, claims, demands, or
causes of action that may arise from the administration of my
child's Solu-Cortef® injection.

My child is Adrenal Insufficient and in times of illness or injury child could experience an Adrenal Crisis requiring an injection of Solu-Cortef®. This injection must be given immediately in order to prevent further complications including coma and death.

Training on how to recognize and an adrenal crisis, give the injection and other helpful information can be found at:

https://www.mediafire.com/folder/2mdcvi6iqr7gc/School_Letters

In addition, _____ can give training to those willing to assist my child in this matter. Please refer to my child's Health or 504 plan for more information. My child's physician can be reached at:

Physician's name _____ number _____

Parent Name (printed) _____

Signature _____

date _____

Witness Name (printed) _____

Signature _____

date _____