East Central Catholic Schools

INDEMNIFICATION AND RELEASE

OF MEDICATION/MEDICAL TREATMENT

The undersigned, _____, being the legal parent/legal guardian of _____, a student of East Central Alberta Catholic Separate School Division, do hereby request and authorize personnel employed by the School Division to provide necessary first aid and medical treatment to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the School Division associated with the rendering of first aid or administering of medical treatment to the said student. Further, the undersigned parent/legal guardian recognize and acknowledge that the personnel employed by the School Division who may, as a result of this request, be rendering first aid or administering medical treatment to the said student, are not medical practitioners.

Dated at _____, in the Province of Alberta,

this _____ of _____ A. D., _____.
Day Month Year

_____ _____
Signature of Parent/Guardian Signature of Witness

Note: School to retain copy in student file – School to provide Copy to Parent/Guardian