## **Medical – Emergency Release Form**

hereby give my consent to the staff at <b>The Harmony House CDC</b> to authorize medical treatment for my child,
, should it be necessary while he/she is in their care.
ermission is given for the following:
<ul> <li>Provider is to call an ambulance if necessary.</li> <li>Provider is to transport my child to a physician or hospital if necessary.</li> <li>Provider is permitted to give my child medication prescribed by my child's physician.</li> <li>Provider is permitted to give my child OTC medication provided by and instructed by myself.</li> </ul>
any medication is to be administered to your child, it must be brought in its original container and clearly beled.
understand that if my child requires emergency medical treatment he/she will be transported to the partanburg Regional Hospital System.
fully understand that any medical expenses incurred are my own responsibility and will not hold the staff at The Harmony ouse CDC in no way liable.
This must be read, signed, and dated yearly.)
rent/Guardian Signature Date
Medication Log
tudent Name

Medication	<b>Date Given</b>	Time Given	Administered By	Signature