

MRASP

Mason-Rice AfterSchool Program

MRASP Medication Waiver Form

I've indicated that my child _____ has an ongoing health condition and/or allergy and takes medication for this. I understand that any medication I gave to the Mason-Rice School is **not** available to the after school program.

I decline to provide medication for my child to the Mason-Rice AfterSchool Program.

Print Name: _____

Parent Signature: _____

Date: _____

Doctor Signature: _____

Date: _____

(Required)

OR attach note from physician stating that your child does not need medication on site at MRASP