

**Currier Museum Art Center
MEDICATION RELEASE FORM**

Child's name: _____

Date of Birth: _____

Name of Medication(s) _____

Dosage directions:

The Currier Art Center office staff will be responsible for storing, in a locked area, any medications of students attending any class or art camp. Office staff will also supervise the administering of any medications to students, with written permission only, by the parent/guardian or doctor.

The Currier Art Center office staff will not be held responsible/liable for any adverse reactions or unforeseen medical occurrences that may result from having administered such medications.

Parent/guardian Signature _____ Date _____

Art Center Office Staff Signature _____