



COLLEGE PREPARATORY
SCHOOL

Orenda Education
Gateway College Preparatory

Request that Orenda Employees Administer Emergency Injections

I (name) _____

Of (address) _____

City of _____, County of _____,

State of _____,

Am the (relationship) _____,

Of (name of child) _____

A minor whose birthdate is _____, and who attends

_____, located at _____

City of _____, county of _____,

State of _____, in the Orenda Ed. School district.

I hereby request that Orenda Education Independent School District employees administer to _____ such medication as I shall provide, as prescribed by

Dr. _____ for the purpose of attempting to relieve the

Emergency reaction of (name) _____.

However, I acknowledge, that Orenda Education employees will not administer any medication, Provided by the parents, unless it appears that such medication is in the original container and is properly labeled and accompanied by written instructions from

Dr. _____

I further acknowledge, that I have made this request pursuant to Section 21.914 of the Education Code of the State of Texas, and in accordance with said section, Orenda Education, its superintendents, principals, classroom teachers, supervisors, counselors, nurses, teachers, aides, secretaries, and any other classified person employed by Orenda Education shall have immunity from civil liability from damage or injuries resulting from the administration of the above referenced medication.

Signature _____ Date _____

Relationship _____

Name of child _____ School _____