

Alexsander Academy Supplement Release Form

Student Name: _____

Date: _____

Does your child have supplements that will need to be administered at school?

_____ yes _____ no

If yes, what is it? _____

Dosage: _____

Frequency: _____

Time of day: _____

Any other information that we need to know: _____

I, _____, parent of _____ authorize the Staff at
Alexsander Academy to administer the above supplement per my instructions. It is my
responsibility to submit in writing any changes to my child's supplement regimen. The
Staff will follow this authorization only until another is submitted in writing

Parent Signature

Date