



Blackhawk Montessori
Lifelong learning...

Release and Authorization

This is a release, written authorization and waiver of liability for administering _____
(Medicine Name)

to _____ between N&N Montessori, LLC. A California Corporation db/a Blackhawk
(Child's Name)
Montessori, and its officers, employees and agents collectively referred to as "Blackhawk Montessori "
and _____, the parents and legal guardian of _____.
(Parent's Names) (Child's Name)

_____ have requested Blackhawk Montessori provide _____
(Parent's Names) (Medicine Name)
medication to _____ while attending Blackhawk Montessori located at 3380
(Child's Name)
Blackhawk Plaza circle, Suite #112 Danville, CA 94506 to take certain actions described in the physician's
instructions which are attached to this Release and are hereby incorporated by reference.

The parties agree that _____ authorize and instruct Blackhawk Montessori to
(Parent's Names)
administer _____ medication to _____ while at
(Medicine Name) (Child's Name)
Blackhawk Montessori, Danville campus.

_____ further authorize Blackhawk Montessori to contact Dr. _____,
(Parent's Names) (Doctor's Name)
_____ health care provider, and to rely on all verbal and written instructions given by
(Child's Name)
such physician to Blackhawk Montessori.

_____ shall provide Blackhawk Montessori with written instructions as attached
(Parent's Names)
hereto as Exhibit A from _____ physician complying with the requirements of
(Doctor's Name)
Health and Safety Code Section 1596.798(a)(2) (the "instructions"), or any other applicable statutes or
regulations.

_____ on behalf of themselves and _____ release
(Parent's Names) (Child's Name)
Blackhawk Montessori and its officers, employees or agents from all liability which may arise as a result
of Blackhawk Montessori's administering _____ medication or following the
(Medicine Name)
directions in the instructions (including any additional physician's instructions or clarifications).



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_____ also release Blackhawk Montessori and its officers, employees or agents
(Parent's Names)
from all liability arising out of the use of any materials and/or equipment supplied by

_____ in connection with the _____ treatment described herein as long
(Parent's Names) (Medical Condition)
as such officers, employees or agents exercise reasonable care in the use of such materials or
equipment.

_____ acknowledges that he/she/they have had an adequate opportunity to
(Parent's Names)
consult with their physician, and any other advisor of their choice before entering into this Release
Agreement. The undersigned understand that Blackhawk Montessori would not provide the requested
medication without the Release set forth in this document.

To the extent allowed by law, Blackhawk Montessori is released from any and all liability relating to the
subject matter of this Release, Authorization and Waiver, and shall be held harmless, and fully
indemnified, by the undersigned with respect to any claim relating to the administration of medication
or following the directions in the Instructions as described herein. The hold harmless and
indemnification shall include any costs and attorney's fees associated with any claim relating to the
matters set forth herein.

This Release shall be governed by the Laws of the State of California.

Date: _____

N&N Montessori LLC.

A California Corporation db/a Blackhawk Montessori

By: _____

By: _____



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Date: _____

Signature of Parent or legal Guardian

Telephone #: _____

Address: _____

Date: _____

Signature of Parent or legal Guardian

Telephone #: _____

Address: _____
