



# SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

Health Services

## REFUSAL OF HEALTH RECOMMENDATIONS

I, \_\_\_\_\_, have been given medical recommendations by \_\_\_\_\_ as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand by not following through with the recommendations I may be putting my health at risk, *specific risks include, but not limited to:*

- risk of death
- risk of injury to oneself, or others
- other risks: \_\_\_\_\_

Having been informed of these risks, I assume these risks and accept responsibility for my refusal to follow the recommendations. I will not hold the Syracuse City School District, school health representative, school nurses, or any other officers, employees or agents of the School District responsible for the consequences of my refusal. I release them from all claims by me resulting from my refusal.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date/Time of Signature*

\_\_\_\_\_  
*Date of Birth*

I observed that the person indicated above signed the statement, was alert, did not appear confused, and did not indicate that he/she did not understand this form.

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Printed Name*

**Date and time communicated with Medical Director:** \_\_\_\_\_

\_\_\_\_\_  
*Signature/School Health Representative*

\_\_\_\_\_  
*Printed Name*

**Please fax a copy to Health Services at 435-4859 for permanent file**