

OAK RIDGE SCHOOLS  
EXEMPTION FORM

Reason exemption form is requested:

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Exemption authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT-PARENT AGREEMENT**

1. The student acknowledges that staff may from time to time question students who are found to be carrying medication or in the process of taking medication. If questioned, the student agrees to identify his/herself honestly and explain to the staff member that they are on the exemption list. In some cases, the staff member may want to confirm the student is on the exemption list. The student agrees to follow staff directives while the staff member confirms that they are on the exemption list.
2. The student agrees not to **(share)** their prescription medication with any other student while on school property, or attending a school related activity.
3. The student will secure their medication from others at all times.

The student and parent acknowledge that violation of any of these rules may result in a suspension. The duration of the suspension will depend on the violation and may range from, short term less than 10 days, to long term 10 days or more.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_