

Flemington-Raritan Regional School District
50 Court Street, Flemington, NJ 08822-1300
TEL (908) 284-7561 FAX (908) 284-7514

RELEASE FROM CARE

DATE: _____

I, _____ for _____
(PARENT NAME) (STUDENT NAME)

understand that my child has been involved in a transportation accident/incident and I am refusing additional treatment. I do hereby release the Flemington-Raritan School District from any and all liability for any injury, harm, or complication that may result directly from this incident and refusal of treatment. I hereby waive any and all rights of action I may later require.

This refusal is made with full knowledge of the potential harm that may result from my actions.

Signature _____ **DATE:** _____

Witness Signature _____ **DATE:** _____

Comments: _____