



# MMA

## Missouri Military Academy

### 2022-23 Medication Release Authorization

I, \_\_\_\_\_, as parent or guardian of \_\_\_\_\_ (cadet name), request Missouri Military Academy to dispense any remaining medication to \_\_\_\_\_ (cadet name) prior to his departure from MMA on \_\_\_\_\_ (date). I am fully aware that there are inherent risks by releasing medication to a cadet, and I release MMA from any and all liability regarding this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

MISSOURI MILITARY ACADEMY

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