## Flemington-Raritan Regional School District

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

## RELEASE FROM CARE – AFTER SCREENING

	DATE:
I,	for
(PARENT NAME)	for (STUDENT NAME)
been screened by a healthcare prof School District from any and all lia	involved in a transportation accident/incident and has fessional. I do hereby release the Flemington-Raritan ability for any injury, harm, or complication that may appear after said screening has been conducted. I action I may later require.
Signature	DATE:
Witness Signature	DATE:
Comments:	