

Nashua School District Medication Authorizing and Hold Harmless Agreement

Medication Authorizing and Hold Harmless Agreement Over-the-Counter Medication

To the Nashua Board of Education:

We, the undersigned, are the parents/guardians of _____, who lives with us at _____ in Nashua, New Hampshire, and who attends _____ School in the Nashua School District.

We feel that our child may benefit from the following over-the-counter medication: _____

Medication Authorizing and Hold Harmless Agreement Prescription Medication

To the Nashua Board of Education:

We the undersigned are the parents/guardians of _____, enrolled in the Nashua School District, who lives with us at _____ in Nashua, New Hampshire. This child is a student at _____ School and is under the care of Doctor _____ whose address is _____. The Doctor has prescribed that this child be given _____ in accordance with his/her written instructions, which are attached hereto, and we desire that the Nashua School District personnel give the child assistance in the taking of this medication. The medication is to be given at the following dates and times:

| Dates | Times |
|---|-----------------|
| _____ (mm/yyyy) through _____ (mm/yyyy) | as needed _____ |

We hereby agree to indemnify and hold forever harmless the City of Nashua, the Nashua Board of Education, and their respective officials, agents, servants and employees against loss from any and all claims, demands, or actions in law or in equity that may hereafter at any time be made to brought against loss from any and all claims, demands, or actions in law or in equity that may hereafter at any time be made or brought by said minor or by anyone on behalf of said minor for the purpose of enforcing a claim for damages on account of any injuries or loss sustained in consequence of the aforesaid assistance, and we do hereby waive any and all rights of exemption, both as to real and personal property, to which we may be entitled under the laws of this or any other state as against such claim for reimbursement of indemnity.

Signature of Parent/Guardian

Date

Phone #

NOTE: A WRITTEN STATEMENT MUST BE RECEIVED FROM THE LICENSED PRESCRIBER DETAILING THE METHOD OF TAKING THE MEDICATION, THE DOSAGE, AND THE TIME SCHEDULE TO BE OBSERVED. MEDICATION SHOULD BE DELIVERED TO THE SCHOOL BY THE PARENT/GUARDIAN AND MUST BE IN AN APPROPRIATE CONTAINER THAT IS PROPERLY MARKED BY THE PHARMACY OR MANUFACTURER. THE CHILD TO WHOM THIS PERMISSION APPLIES MUST STRICTLY FOLLOW THE INDIVIDUAL CARE PLAN WITH REGARDS TO SELF MEDICATION IN SCHOOL IN ACCORDANCE WITH THE STATE OF NEW HAMPSHIRE POLICES ON SELF MEDICATION.

SH/dn Nurses/Grants & Community Development 05/2011