

**NASHUA SCHOOL DISTRICT
NASHUA, NEW HAMPSHIRE**

**MEDICATION AUTHORIZATION AND HOLD HARMLESS AGREEMENT
PRESCRIPTION MEDICATION**

To The Nashua Board of Education:

We, the undersigned, are the parents (guardians) of _____, who lives with us at _____ in Nashua, New Hampshire, attends _____ School in the Nashua School District, 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 School Department personnel give the child assistance in the taking of this medication. The medication is to be given at the following dates and times:

_____ through _____
mm/yyyy mm/yyyy

AM: _____

PM: _____

As Needed: _____

We hereby agree to indemnify and hold forever harmless the City of Nashua, the Nashua School 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 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 or indemnity.

Please read the above carefully before signing. No child will be assisted in taking medication until this form has been signed and delivered to the school.

Signature of Parent or Guardian

Address

Signature of Parent or 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 OR 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.

R10/29/90
R9/30/96
R11/04/96
R11/29/99
R/Bd. Approved 10/25/04