

**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, and  
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 District personnel give the child assistance in the taking  
of this medication. The medication is to be given at the following dates and times:

AM: \_\_\_\_\_  PM \_\_\_\_\_  As needed: \_\_\_\_\_  
\_\_\_\_\_ through \_\_\_\_\_  
mm/yyyy mm/yyyy

We  have  have not attached a complete list of the student's medications. (Note: list is optional.)

*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 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 Telephone Number

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 REGARD TO SELF-MEDICATION IN SCHOOL IN ACCORDANCE WITH THE STATE OF NEW HAMPSHIRE POLICIES ON SELF-  
MEDICATION.