

School Year	
Grade	

NORTH EAST SCHOOL DISTRICT

RELEASE AND INDEMNITY AGREEMENT FOR DISPENSING MEDICATION TO STUDENTS

We/I _____ Father, Mother, and/or Guardian(s) of _____, a student enrolled in the School District of North East, Pennsylvania, or the Erie County Vocational-Technical School, do hereby petition the School District or School as follows: **WHEREAS**, the Student is suffering from an illness or disability which requires the periodic administering of medication; and **WHEREAS**, the Student's Physician, _____, has submitted unto the School District, a written order identifying the medication and detailing the hours and units of dosage to be given to the Student, and; **WHEREAS**, the Parent(s)/Guardian(s) acknowledge the administration of such medication is a gratuitous act on the part of the School District or School for which the School District or School is under no legal obligation to perform.

NOW THEREFORE, in consideration of the foregoing, the Parent(s)/Guardian(s) do hereby request the School District of North East, Pennsylvania, or the Erie County Vocational-Technical School, its Agents and Employees, to administer the medication herein referred to, and in order to induce the School District or School, its Agents and Employees, to administer such medication, do hereby remiss, release, and forever discharge the said School District of North East, Pennsylvania, Erie County Area Vocational-Technical School, its Members of the Board of Directors (both collectively and individually), its Agents and Employees, and his/her/their, and its successors and assigns, heirs, executors, and administrators, of and from, any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, which hereafter may be sustained by the said minor student and by the said Parents, and by any other person or persons having a legal interest therein in consequence of the administration of such medication.

AND FURTHERMORE, we, the said Parent(s), Guardian(s), or next Friend of the minor do hereby expressly stipulate and agree, to indemnify and forever hold harmless the said School District of North East Pennsylvania, of the Erie County Vocational-Technical School, its members of the Board of Directors, (both collectively and individually), its Agents and Employees, and his/her/their and its successors or assigns, heirs, executors, and administrators against loss from any and all further claims, demands, and actions in law or in equity that may hereafter at any time be made or brought by the said minor or by anyone on behalf of said minor for the purpose of enforcing a further claim for damages on account of the injuries which may be sustained in consequence of the administration of the medication herein referred to, and the Parent(s), Guardian(s), or next Friend hereby waive any and all rights of exemption, both as to real and personal property, to which they may be entitled under the laws of this or any State as against such claim for reimbursement of indemnity.

IN WITNESS WHEREOF, intending to be legally bound, we have hereunto set our hands and seals this

_____ Day of _____ 20 _____ .

(Parent or Guardian)

(Parent or Guardian)

BE IT KNOWN, that on this _____ Day of _____, 20_____, before me, personally appeared _____ to me personally known to be the signers and sealers of the within instrument, and freely acknowledged that they voluntarily executed the same for the use and purposes therein set forth.

(Notary Public or Magistrate)

**PHYSICIAN'S NOTIFICATION FOR THE DISPENSING OF MEDICATION TO A PUPIL
DURING THE SCHOOL HOURS**

Name of Student: _____
Name of Medication: _____
Dosage: _____
Dates to be Administered: _____
Times to be Administered: _____
Purpose of Administration: _____
Possible Side Effects: _____
Recommend that Student Self-administer Yes _____ No _____

This medication must be dispensed when the student is in school because another time is not feasible.

PRESCRIBED AND APPROVED BY:

Physician's Name (Printed) Physician's Signature

Office Phone Number Date

PARENTAL/GUARDIAN AGREEMENT

I understand that the medication must be in a container that is clearly labeled with the name of the medication, the dosage of the medication, and the length of time the student must take the medication. I also understand that it is my responsibility as parent/guardian to bring the necessary supply of medication to the school so the appropriate professional school personnel, as designated by North East School District, may dispense it to my child.

(Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

(For School Use Only)

The School Principal must sign this form to permit the dispensing of medication to the above named child, and this must be accompanied by Form I – Release and Indemnity Agreement

(Date) (Principal's Signature)