

Student _____

Grade 2013-2014_____



Medication Hold Harmless Letter

To the Inspired Teaching Demonstration Public Charter School:

I am delivering to you the medication and physician's written instructions and request this medication be given to my child in accordance with the above instructions. I fully understand that you are under no obligation whatsoever to administer the medication but will only be doing so as my agent acting on my behalf specifically and solely for this purpose.

I agree to hold you, the school, its offices, agents, and employees harmless in administering the medication. I further agree to notify you promptly when it is no longer necessary to administer this medication.

I hereby give my permission for _____ (Students Name) to receive, from the school personnel, _____ (Prescription Name). I understand that it is my responsibility to furnish the school with this medication. I give permission for the school and health care providers at the medical treatment facility to exchange information about my child, the diagnosis for which this medication is prescribed, and my child's response to the medication.

Parent Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian 1:

Name _____
Daytime Phone Number _____
Alternate Phone Number _____
Email Address _____

Parent/Guardian 2:

Name _____
Daytime Phone Number _____
Alternate Phone Number _____
Email Address _____

NOTE: The prescription medication must be brought to school in the original container, properly labeled by the pharmacy or physician, stating the name of the student, the medication, the dosage, and current date. The medication will remain at school for the duration of the prescription.

NOTE: To complete medication paperwork, families MUST complete the Written Medication Consent Form and the Medication Hold Harmless Letter. Until both forms are complete and on file the Inspired Teaching School will not be authorized to provide medication to students.