

BERNARDS TOWNSHIP PUBLIC SCHOOLS
NURSE'S OFFICE

Indemnification / Hold Harmless Self Administration

My child _____ has been instructed _____
(Child's Name) (Name of Healthcare Provider)
in the proper administration of _____.
(Name of Medication)

It is my belief that _____ is capable of using this medication appropriately and independently.
(Child's Name)

I am requesting that _____ be permitted to carry _____
(Child's Name) (Name of Medication)
and self-administer it as needed. I have instructed _____ to inform the school nurse if this
(Child's Name)

medication has been self-administered during school hours or the district delegated person in charge of school sponsored activities.

I furthermore agree to the indemnification agreement contained below:

The parent of guardian agrees to indemnify, defend, and hold the school district harmless for any and all claims, actions, costs, expenses, damages, and liabilities, including attorney fees, arising out of, connected with, or resulting from the self-administration of medication by the pupil.

The parent or guardian agrees to extend this indemnification/hold harmless agreement to the Board of Education, Board of Education employees, and its agents. The parent or guardian agrees the school district, Board of Education, Board of Education employees, and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration of medication by the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be renewed for each subsequent school year. This agreement must be signed and in full effect prior to the granting of permission of self-administer medication.

Parent / Guardian's Signature

Date

School Nurse's Signature

Date

Date of Agreement (Date of Full Effect) _____