

MONTGOMERY COUNTY INTERMEDIATE UNIT

PARENT'S REQUEST FOR ADMINISTRATION OF MEDICATION

We (I), _____
Name(s) of Parent(s)/Guardian(s)

specifically release from liability, any and all Intermediate Unit employees, and school district nurses who, under prescribed conditions (Physician's Request - Form #302), administer

Name of Medication _____

Amount to be taken _____ Route (ie: by mouth or tube) _____

Time to be taken _____

or emergency measures, to my son/daughter, _____
Name of Student

To be effective from _____ to _____

We(I) shall provide the prescribed medication in the original labeled container as issued by the Pharmacy for the period of time as directed by the physician.

In consideration of the agreement by the Intermediate Unit to have an employee dispense medication as authorized herein, we (I) do hereby agree to hold the Intermediate Unit, its Board of Directors and its employees free and harmless of and from any and all claims, damages, expenses, attorneys' fees, suits, cause or causes of action in law or equity which may be brought in connection with the dispensing of prescription drugs, and we(I) do hereby further agree to indemnify said Intermediate Unit, its Board of Directors and/or its employees for any loss which the Intermediate Unit, its Board of Directors and/or its employees may sustain by reason of any claim or suit brought against the said Intermediate Unit, its Board or Directors and/or employees.

Date

Parent(s)/Guardian(s) Signature(s)

Parent(s)/Guardian(s)