



Nashua School District  
Food Allergy Medication Instruction

Place  
Child's

Allergy

Asthmatic:  YES (Higher risk for severe reaction)  
 NO



**Nashua School District  
Medication Authorizing and Hold Harmless Agreement**

**Medication Authorizing and Hold Harmless Agreement  
Over the Counter Medication**

To the Nashua Board of Education:

We, the undersigned, are the parents/guardians of \_\_\_\_\_, who lives with us at

\_\_\_\_\_ School in the Nashua School District.

We feel that our child may benefit from the following over-the-counter medication: \_\_\_\_\_

**Medication Authorizing and Hold Harmless Agreement  
Prescription Medication**

To the Nashua Board of Education:

We the undersigned are the parents/guardians of \_\_\_\_\_ enrolled in the Nashua \_\_\_\_\_