

**NASHUA SCHOOL DISTRICT
NASHUA, NEW HAMPSHIRE**

**MEDICATION AUTHORIZATION AND HOLD HARMLESS AGREEMENT
FOR PRESCRIPTION MEDICATION**

To The Nashua Board of Education:

We the undersigned are the parents (guardians) of _____ child enrolled in the Nashua School District who lives with us at _____ in Nashua, New Hampshire. This child is a student at _____ School in the Nashua school system and is under the care of Doctor _____ whose address is _____ .

The Doctor has prescribed that this child be given _____ in accordance with his/her written instructions, which are attached hereto, and we desire that the School Department personnel give the child assistance in the taking of this medication. The medication is to be given at the following dates and times:

Dates

Times

AM: _____

_____ through _____

