

NASHUA SCHOOL DISTRICT
NASHUA, NEW HAMPSHIRE

**MEDICATION AUTHORIZATION AND HOLD HARMLESS AGREEMENT
FOR OVER-THE-COUNTER MEDICATIONS**

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.

We feel that our child may benefit from the following over-the-counter medications (**not to include herbal preparations or dietary supplements**) and wish to have an appropriate person assist our child in taking the medication furnished by us in accordance with the printed instructions on the manufacturer

_____	NEEDED FOR _____
NAME OF MEDICINE , DOSE AND INSTRUCTIONS FOR TAKING	REASON TAKING
_____	NEEDED FOR _____
NAME OF MEDICINE , DOSE AND INSTRUCTIONS FOR TAKING	REASON TAKING
_____	NEEDED FOR _____
NAME OF MEDICINE , DOSE AND INSTRUCTIONS FOR TAKING	REASON TAKING

This permission is good for one school year unless otherwise specified for a specific condition lasting less

H-17B R04