

CONTRACT FOR STUDENTS KEEPING MEDICATIONS WITH THEM WHILE AT SCHOOL
Health Services Department
Lincoln Public Schools

MEDICATION: _____ .

Student Name: _____ ID#: _____

By signing below, the student and his/her parent or guardian agree to the following:

- The student will keep his/her _____ with them while at school.
- The student and parents/guardians are aware that a second "back up" supply of _____ to keep in the health office is strongly recommended.
- The student agrees to use his/her _____ in a responsible manner, in accordance with physician instructions and label directions.
- The student agrees to notify the school health office when experiencing any difficulty, including but not limited to:
 - _____
 - _____
 - _____
- The student agrees to never let another person use or handle the medication, except as needed for the purpose intended for the person intended.
- You will indemnify and hold harmless the school and its employees and agents against any claim arising from a student's use of self-carry medications.
- This order is in effect until rescinded by any party

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

School Nurse Approval: _____ Date: _____

Principal/Teacher Notification: _____ Date: _____

_____ Date: _____