

**CONTRACT FOR STUDENTS
KEEPING MEDICATIONS WITH THEM WHILE AT SCHOOL**

**Health Services Department
Lincoln Public Schools • Lincoln, Nebraska**

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 students 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This order is in effect until rescinded by any party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: _____