

# 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 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- This order is in effect until rescinded by any party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: \_\_\_\_\_