

**PARENTAL AUTHORIZATION AND INDEMNIFICATION
FOR THE GIVING OF MEDICINE**

Name of Student: _____

I, _____, parent or legal guardian, hereby authorizes the Williamsport Area School District and its nurses and/or designated employees to give non-prescription medicine to my child.

Non-prescription medications that may be given in a non-emergency situation are acetaminophen (such as Tylenol®), antacids (such as Tums®), or calamine lotion, in accordance with the treatment protocol established by the school physician. Acetaminophen dosage is based on age and weight of the child.

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Williamsport Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

This Authorization shall be effective unless revoked by me in writing. I intend to be legally bound by this Authorization.

Signature of Parent/Guardian

 **OVER**

**Williamsport Area School District
Information for Health Office**

Name of Student: _____

Physician: _____ Phone: _____

Student's Health problems: _____

Current Medications: _____

Allergies: _____

May the School Nurse share this information with appropriate faculty, staff, and emergency personnel?

_____ Yes _____ No

Signature of Parent/Guardian _____