



Nashua School District
Food Allergy Medication Instruction

Child's

Here

Allergy

Asthmatic: YES (Higher risk for severe reaction)
 NO



Nashua School District

Medication Authorizing and Hold Harmless Agreement

Medication Authorizing and Hold Harmless Agreement Over the Counter Medication

To the Nashua Board of Education:

We, the undersigned, are the parents/guardians of _____, who lives with us at

_____ School in the Nashua School District.

We feel that our child may benefit from the following over-the-counter medication: _____

Medication Authorizing and Hold Harmless Agreement Prescription Medication

To the Nashua Board of Education:

We the undersigned are the parents/guardians of _____ enrolled in the Nashua _____