

**NASHUA SCHOOL DISTRICT  
NASHUA, NEW HAMPSHIRE**

**MEDICATION AUTHORIZATION AND HOLD HARMLESS AGREEMENT  
FOR PRESCRIPTION MEDICATION**

To The Nashua Board of Education:

We the undersigned are the parents (guardians) of \_\_\_\_\_ child enrolled in the Nashua School District who lives with us at \_\_\_\_\_ in Nashua, New Hampshire. This child is a student at \_\_\_\_\_ School in the Nashua school system and is under the care of Doctor \_\_\_\_\_ whose address is \_\_\_\_\_ .

The Doctor has prescribed that this child be given \_\_\_\_\_ in accordance with his/her written instructions, which are attached hereto, and we desire that the School Department personnel give the child assistance in the taking of this medication. The medication is to be given at the following dates and times:

**Dates**

**Times**

AM: \_\_\_\_\_

\_\_\_\_\_ through \_\_\_\_\_

