



South Pike School District

<http://www.southpike.org>
250 West Bay Street
Magnolia, MS 39652
Telephone 601-783-3742
Fax 601-783-6733

MEDICATION INDEMNITY AGREEMENT

ADMINISTRATION OF PRESCRIPTION MEDICINE

PARENT AUTHORIZATION

The undersigned parent/s or guardian/s of _____, a minor child, has/have requested personnel of South Pike School District to administer prescription medicine to this student. This request has been made for my/our convenience as a substitute for parental administration of this medicine. It is understood that school personnel administering the medicine will not have to have medical or nursing training.

I/We forever release, discharge, and covenant to hold harmless the South Pike School District, its personnel, and Board of Trustees from any/all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss, or damages of any kind resulting from the administration of the prescription medicine.

The undersigned agree(s) to repay the school district, its personnel or Trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of medicine.

I have read the foregoing release and indemnity agreement and fully understand it.

Executed this the _____ day of _____, 20_____.

Parent or Guardian

Witness

Parent or Guardian

Witness