

NOTICE

**THE HAMILTON TOWNSHIP BOARD OF EDUCATION SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELF-ADMINISTRATION OF MEDICATION BY A STUDENT**

**INDEMNIFICATION AGREEMENT**

THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Name of Parent and/or Legal Guardian), having an address of \_\_\_\_\_ and the Hamilton Township Board of Education.

\_\_\_\_\_, the Parent(s) and/or Legal Guardian(s) of \_\_\_\_\_, hereby promise(s), covenant(s) and agree(s) to hold harmless, protect and indemnify the HAMILTON TOWNSHIP BOARD OF EDUCATION from and against any and all liabilities, losses, damages, expenses and charges which are sustained or incurred by the HAMILTON TOWNSHIP BOARD OF EDUCATION arising directly or indirectly out of the self-administration of medication by \_\_\_\_\_.

\_\_\_\_\_

Date

\_\_\_\_\_

(Parent or Legal Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

(Parent or Legal Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

Barbara E. Frascella, Ph.D.

Director of Student Services and Programs

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Year: \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_, am the Parent and/or Legal Guardian of  
\_\_\_\_\_, a student within the Hamilton Township School District.

I hereby authorize \_\_\_\_\_ to self-administer medication during the  
\_\_\_\_\_ school year.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Parent or Legal Guardian)**