

**PARENTAL AUTHORIZATION AND INDEMNIFICATION
FOR GIVING MEDICINE**

Name of Student: _____

I, _____, parent of legal guardian, hereby authorize West Branch
(Name of parent)

School and its employees to give non-prescription medicine to _____
(Name of student)

Non-prescription medications that may be given in a non-emergency situation are Tums® or calamine lotion.

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

DATE

PLEASE SIGN AND RETURN TO THE OFFICE FOR SCHOOL YEAR _____