



**SOUTHGATE COMMUNITY SCHOOL DISTRICT
POLICY CONCERNING ADMINISTRATION OF
MEDICATIONS/MEDICAL PROCEDURES BY SCHOOL DISTRICT PERSONNEL**

HOLD HARMLESS AND INDEMNIFICATION

In consideration of the agreement of persons at the District to administer medication and/or medical procedures to _____, as requested by me and prescribed by a physician. I, on my own behalf, and on behalf of any other person associated with me, hereby agree to hold harmless and indemnify the Southgate Community School District, its Board of Education members, administrators, teachers, secretaries, and other employees, from any and all claims, damages, liabilities, demands, actions, causes of action, which may hereafter be asserted by any person, corporation, or other entity, against the parties listed above or against any other person associated with the Southgate Community School District under any legal theory based upon or arising out of circumstances related in any way to administration by the District personnel of medications or medical procedures to

_____.

Witnesses:

Signature of Parent/Guardian

Telephone No. (Home)

Telephone No. (Business)

Emergency Contact Name

Emergency Contact Number