

PARENT/GUARDIAN REQUEST FOR  
DISPENSATION OF PRESCRIPTION MEDICATION  
AND  
AGREEMENT OF RELEASE AND INDEMNITY

We request that school personnel of the Sharpsville Area School District dispense prescription medication per the attached Physician's Form Attachment 1 to our child \_\_\_\_\_ according to the direction of our attending physician. In making this request, we acknowledge ~~that we have been advised that no physician will be present or available during the dispensation~~ of medication, that a school nurse may not be present or available for this purpose, and that medication may be dispensed by a person with no medical training.

We acknowledge our awareness that the dispensation of medication under the anticipated circumstances might pose a substantial risk of injury to, including death of our child. On behalf of ourselves and our child, we hereby exonerate, release and discharge the Sharpsville Area School District, their agents and employees, from any and all claims, causes of action and liability whatsoever in respect of any injury to, including death of our child which may result at any time in the future by reason of any action taken, in good faith, pursuant to this request.

We further agree to indemnify, defend and hold harmless, the Sharpsville Area School District, and their agents and employees from any suit or proceeding brought to enforce any such claim, cause or action or liability. We enter into this agreement of release and indemnity voluntarily ~~and without coercion for the purpose of inducing the employees of the Sharpsville Area School~~ District to dispense medication to our child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

*Signatures of all parents/guardians are required.*

THIS DOCUMENT IS A CONTRACT WHICH AFFECTS YOU AND YOUR CHILD'S LEGAL RIGHTS. YOU SHOULD READ THIS DOCUMENT CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND, YOU MAY SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS DOCUMENT.