



**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**

\_\_\_\_\_

\_\_\_\_\_

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