



# Lake Pend Oreille School District #84

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**3510F-2**

## Indemnification/Hold Harmless Agreement For Self-Administration of Medication

Student Name: \_\_\_\_\_

The parent(s)/guardian(s) agree to indemnify, defend, and hold the school district harmless from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, arising out of, connected with or resulting from the self-administration of medication by the pupil. The parent(s)/guardian(s) agree(s) that the school district, Board of Education, Board of Education employees and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration of medication by the pupil. Specifically, the parent(s)/guardian(s) agree that they will not institute either on their own behalf or on behalf of the pupil, any claim or action against the Board of Education, Board of Education employees and its agents arising out of or connected with self-administration of medication by the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date of Agreement