

HOLD HARMLESS LETTER  
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

DATE:

PRIVACY ACT STATEMENT

AUTHORITY: 44 USC 3101. PRINCIPAL PURPOSES: (1) To provide necessary information to authorized individuals to assist them in their administering of medications to your child in accordance with your instructions and the instructions of your child's physician; (2) To provide written assurance to said authorized individuals that they will not be held responsible for any harm or injury suffered as a result of the administering of medication in accordance with your instructions and the instructions of your child's physician. ROUTINE USES: This form will be included in your child's school health record and will not be released outside DOD channels. DISCLOSURE: Voluntary. The information requested on this form is needed to insure the safe administering of medication to your child. Failure to provide the information may constitute grounds for refusal to provide the service requested by you.

NAME OF CHILD

BIRTH DATE

NAME OF SCHOOL

Medication(s)

Physician's Instructions

Hour(s) For Administering

Anticipated number of days the medication(s) must be given at school (\_\_\_\_)

PHYSICIAN'S SIGNATURE

PHONE

DATE

We are delivering to you the medication(s) and the physician's written instructions and request this medication be given to our child in accordance with the above instructions. We fully understand that you are under no obligation whatsoever to administer the medication but will only be doing so as our agent acting in our behalf specifically and solely for this purpose.

We agree to hold you, the school, its offices, agents, and employees harmless in administering the medication(s) pursuant to the physician's written instructions and our instructions as to the times for administering the medication(s). We further agree to notify you promptly when it is no longer necessary to administer this medication.

PARENT'S SIGNATURE

HOME PHONE

DUTY PHONE

HOME ADDRESS