

Appendix G

All school district requirements for administration of medications during a field trip have been satisfied. I have reviewed with my child the procedures for self-administration including the proper use and dosage of the emergency medication. I/We acknowledge that the school district, its employees and agents, shall incur no liability as a result of any injury arising from the self-administration of the emergency medication by the student. I/We in the capacity of parent or guardian of the above student indemnify and hold harmless the district and its employees or agents against any claim arising out of the self-administration of emergency medication by the student.

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Parent/Guardian's signature

Date

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Health Care Provider's signature

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Date