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STUDENTS 3510F2

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

Student Name:	
any and all claims, actions, costs, expenses, damarising out of, connected with or resulting from a The parent(s)/guardians(s) agree(s) that the Charles Directors' employees and its agents shall incur no connected with the self-administration of medicinarent(s)/guardian(s) agree that they will not in	the self-administration of medication by the pupil. arter School, Board of Directors, Board of to liability as a result of any injury arising out of or eation by the pupil. Specifically, the stitute either on their own behalf or on behalf of of Directors, Board of Directors' employees and
<del>-</del>	ed below and shall stay in effect for as long as the nedication. This agreement must be signed and in self-administer medication.
Parent/Guardian's Name (Please Print)	Parent/Guardian's Signature
Parent/Guardian's Name (Please Print)	Parent/Guardian's Signature
Executive Director and/or Principal's Signature	Date of Agreement
Policy History: Adopted or Promulgated on: July 8, 2021 Revised on:	
Callie Hatch, Board Chair	