



Dr. Geneva Walters
Superintendent

VOLUNTARY AGREEMENT FORM

Name of Student

As a professional certified staff member of SPEED, I am willing to administer medication to the above named student if performed under the supervision/guidance of a SPEED School Nurse.

I understand that I will be given a copy of the SPEED Medication Policy which contains guidelines for the prescribing and administering of medication, and which provides for tracking the administration of medication of which I will have an integral part. I agree to follow the established SPEED Medication Policy Guidelines.

I understand that I will not be asked to administer medication to this student without proper in-service by the SPEED School Nurse. I further understand that SPEED will indemnify me from liability actions as required by School Code Section 10-22.3.

Finally, I understand that by law I cannot be required by SPEED to administer medication and that I can withdraw my consent to administer medication any time during the school term by submitting a written notification to the SPEED program supervisor to this effect. This willingness to administer medication will be reviewed annually if the above named student remains a student for whom I am responsible.

Staff Signature

Date

SPEED School Nurse Signature

Date

