



Coastal High School

2100 River Oaks Dr.
Myrtle Beach, SC 29579
843-788-9898

Date: _____

LIABILITY WAIVER FOR SELF MEDICATION AGREEMENT

This agreement made on _____ (date),
By _____ (name of parents and/or
legal guardian), having the address
of _____,
and Coastal High School.

_____, the Parent(s) and or
legal guardian(s) of _____ (student), will
not hold Coastal High School, the school district, Limestone College Charter Association, or any
school personnel liable for any/all adverse drug reactions, losses, damages, expenses and charges
which are sustained or incurred at Coastal High School arising directly or indirectly out of the
self-administration of medication by
_____ (student name).

Date _____	Parent/Guardian Signature _____
Date _____	Parent/Guardian Signature _____
Date _____	Carolina High School Representative _____