



LIABILITY WAIVER FOR SELF MEDICATION

The undersigned parents/guardians hereby authorize Coastal High School to allow the student listed below to self-carry and administer medication as allowed by their healthcare provider on the Authorization for Administration of Medication. I agree to hold harmless and indemnify Coastal High School employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by my student.

For students age 18 and older:

I am 18 years old and signing this form on my own behalf. I agree to hold harmless and indemnify Coastal High School employees, and agents against all claims, judgments, or liabilities arising out of my self-administration and/or carrying of medication as prescribed and allowed by my healthcare provider on the Authorization for Administration of Medication.

I understand that:

- My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding the medication order.
- I will keep track of expiration dates for the medication(s).
- I will furnish medication(s) in the original container.

Neither the District, nor its employees or agents shall incur any liability as a result of any injury arising from the self-administration or self-carrying responsibilities of the medication by the student. The parents/guardians/student hereby acknowledge that no such liability shall exist, and on behalf of themselves and the student hereby waive any such liability. Furthermore, the parents/guardians/adult student agree to indemnify and hold the District, its employees and its agents harmless against any claims whatsoever arising out of the self-administration or self-carrying of the medication.

Student Name and Date of Birth: _____

Parent/Guardian Name: _____

Responsible Party Signature and Date:

School Representative Name:

School Representative Signature and Date:
