

**La Center School District**  
**Self-Carry/Self-Administration Of Medication**  
**Liability Waiver**

\_\_\_\_\_ **School Year**

For questions contact the school nurse:

ES: 360-263-2134 Fax: 360-263-2133

MS: 360-263-2136 Fax: 360-263-5936

HS: 360-263-1700 Fax: 360-263-1705

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**This form must be completed each school year for all students who are allowed to self-carry and/or self-administer medications at school. See procedure 3416P for more information.**

**I request that my child be allowed to self-carry and/or self-administer medications needed at school.** My student and I understand the responsibility of self-carrying medication at school and recognize that the school will not track compliance, expiration, or dose administered.

**I agree** to hold harmless and indemnify the school and La Center School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by my student.

The undersigned parents/guardians hereby authorize the La Center School District to allow the student listed above to self-carry and administer the medications as allowed by their healthcare provider on the Authorization for Administration of Medication (or other form provided by the healthcare provider).

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 the school and La Center School District's officers, 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 (or other form provided by my healthcare provider).

**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.

The district hereby notifies the parents/guardians or adult students that 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Student age 18 and over