



Bamberg County School District
Empowering Every Child, Every Day

The Indemnification Form to Self-Medicating and/or Self-Monitor

I fully understand and acknowledge that Bamberg County School District and its employees and agents are not liable for an injury arising from my child, _____, self-administering medications and/or self-monitoring. I agree to indemnify and hold harmless Bamberg County School District and its employees and agents against a claim arising from my child self-administering medications and/or self-monitoring. The permission for self-medicating and self-monitoring is effective for the school year _____ in which it is granted and must be renewed each school year thereafter, upon the fulfillment of requirements. The parent authorization form, the student authorization form, and the medical provider form must be updated and resubmitted each school year. Bamberg County School District may revoke a student's permission to self-medicate and/or self-monitor if the student endangers him- or herself or others through the misuse of the medication or monitoring device.

Student's Printed Name: _____

Student's Signature: _____

Date: _____

Guardian's Printed Name: _____

Guardian's Signature: _____

Date: _____