

# Horse Creek Academy

1200 Toolebeck Rd.,  
Aiken, SC 29829  
(803)226-0160  
(803)226-0202

DATE: \_\_\_\_\_

## Liability Waiver for Self-Medication Agreement

This agreement made \_\_\_\_\_ (date),  
by \_\_\_\_\_ (name of parent and or legal guardian),  
having an address of \_\_\_\_\_,  
and Horse Creek Academy.

\_\_\_\_\_, the parent(s) and or  
legal guardian(s) of \_\_\_\_\_, will not hold  
Horse Creek Academy, the school district, or any school personnel liable for any/all adverse  
drug reactions, losses, damages, expenses and charges which are sustained or incurred by Horse  
Creek Academy arising directly or indirectly out of the self-administration of medication by

\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Horse Creek Academy Representative