

**Liability Waiver and Permission
Stored Medicine/Medication**

Named of Enrolled CSB/SJU Student: _____

I, the undersigned parent of the enrolled student, give permission for my child, an enrolled student at CSB/SJU, to store prescription medicine/medications at facilities located on the campus of CSB/SJU. The medicine/medications are solely for the use by my child.

We, the undersigned, agree to protect, defend, indemnify, and hold harmless, CSB/SJU, its officers, employees, and agents from and against any and all claims, liability, suits, and judgments, and all reasonable costs, including defense costs, attorneys' fees, court costs, and expert fees, for damage and injury to the medicine/medications stored at CSB/SJU's facilities arising out of CSB/SJU's negligent acts or omissions related in any way to the storage of my child's medicine/medication.

We, the undersigned, waive any and all claims of action and rights of recovery against CSB/SJU, including the CSB/SJU's agents, contractors, employees, servants, for any loss or damage caused insured by homeowner's or all-risks coverage, to the extent that any such loss or damage is covered by insurance coverage maintained by me.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Received by: _____ Date: _____
CSB/SJU Health Services