LETTER OF INDEMNITY

1. I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well being of my/our child.
2. I/We understand that the school has limited facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in as required. In the event of certain specific medicines being stored, the expiry date is the responsibility of the parents.
3. I/We understand that we must inform the Principal and Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition.
4. I/We acknowledge that the above facility provided by the School is on a purely voluntary basis and without any obligation whatsoever on the part of the school.
5. In consideration of the School facilitating me/us as stipulated in paragraph 1 above, I/we hereby indemnify The Board of Management of St. Brendan’s NS in respect of all losses, claims, demands, actions or proceedings whatsoever arising under any statute or common law in respect of personal injury or injury of any nature whatsoever arising out of or in the course of or caused directly or indirectly be the storage of the said medication by or at the School and/or application of the said medication to my/our child.
6. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian

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