

**Indemnification for Administration of Medicine in Caherelly N.S.**

The purpose of this form is to indemnify any teacher or members of staff against

all/any claims where that teacher/staff member has agreed to administer medication

to a pupil in their care.

**Form of Indemnification**

**Between** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent(s)/Guardian(s)**

**Of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pupil’s Name**

**And** **The** **Board of Management of Caherelly N.S.**

The parents have agreed that the said medication may, if necessary, be administered

by the pupil’s classroom teacher and/or such other member of staff of the school as may be designated from time to time by the Board.

**I/We Parent/Guardians of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Pupil’s Name)**

By entering into this agreement, we Parents/Guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEREBY AGREE to indemnify and keep indemnified the Board of Management and persons acting on its behalf including without prejudice to the generality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Mrs. Niamh McGuinness, Acting School Principal, and staff of Caherelly N.S., from and against all claims.

**Medicine will only be administered to a child, if it has the original instructions from the pharmacist, with the child’s name on it.**

**Treatment (administer necessary)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Parent(s)/Guardian(s)**

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Teacher** **Principal (Secretary Board of Management)**