



# PARA MEADOWS SCHOOL

## DEED OF INDEMNITY (Intermittent or Emergency Medication only)

In consideration of the members of staff of **Para Meadows SSP** administering medication to my son / daughter ..... as requested by me on occasions when the said members of staff consider such administration to be necessary. I hereby indemnify and keep indemnified His Majesty the King, His Heirs and Successors, the Minister for School Education and the Government of New South Wales and the Department of School Education and its officers, servants and agents against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of any personal injury or of any infringement, disturbance or destruction of any rights of any person including myself and my son / daughter ..... arising directly or indirectly out of the aforementioned administration of medication.

Medication Type: \_\_\_\_\_

Administered for the next (*ie.how many days/weeks?*) \_\_\_\_\_

Dosage: \_\_\_\_\_

Time Given: \_\_\_\_\_

Signed, Sealed and Delivered  
by the said: (signature) .....

Name: .....

Witnessed by: (signature) .....

Name: .....

Date: .....