

FORM OF INDEMNITY

I / we (parent/carer name(s))

of (address)

being the parent/carer(s) of (name of child)

agree to indemnify the City Council and its employees against any claim, howsoever arising, as a result of the Authority's agreeing to administer drugs or other medication supplied by us to the Headteacher of Our Lady of the Rosary Primary School to our son/daughter:

Child's name

Child's class

Child's birthdate

Signature of parent/carer

Date

Name of medicine

Date(s) medicine to be administered

Time(s) medicine to be administered

Dosage

Any further instructions

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Date & Time	Dosage	Signature
