

FORM OF INDEMNITY

Name of Pupil Class

Name of Parent/Carer

I agree to indemnify the 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 St Chad's Patchway CE Primary School.

Signature of parent/carer

Print name Date

Name of medication, dosage & times to be administered:

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.....

For inhalers, please also give expiry date of current inhaler

For completion by School Office:-

Medicine	Record of Medication Given					Medicine	
	Signed In	Date	Time	Medicine	Dose		Initial