

# McCarthy Catholic College

*Receive • Worship • Serve*

Tribe Street, Tamworth 2340

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West Tamworth 2340

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## DEED OF INDEMNITY

In consideration of the members of staff of:

### McCarthy Catholic College, Tamworth

at my request to administer medication to my son/daughter:

\_\_\_\_\_

**Full name of student**

\_\_\_\_\_

**Name of Medication**

\_\_\_\_\_

**Dosage of Medication**

\_\_\_\_\_

**Time/Day Medication to be taken**

I hereby indemnify, and agree to keep indemnified, the Catholic Schools Office and its employees and agents, and

### McCarthy Catholic College

and its employees and agents, including the teachers and other staff of the College, from and against all actions, suits, claims demands, complaints and causes of action (including for or in respect of the rights of any person), and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

**Name of Parent/Guardian (please print):** \_\_\_\_\_

Signed, sealed and delivered by the said: \_\_\_\_\_

**Parent/Guardian**

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

In the presence of: \_\_\_\_\_

**Signature of Witness**

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

**Name of Witness (please print):** \_\_\_\_\_