



FORM 3

DEED OF INDEMNITY (SCHEDULE 8 DRUGS)

In consideration of the members of staff of Merici College, at my request administering medication to my daughter:

Full name of student: \_\_\_\_\_PC\_\_\_\_\_

I hereby indemnify and agree to keep indemnified the Catholic Education/Schools Office and its employees and agents, and Merici College and its employees and agents, including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said:

\_\_\_\_\_  
*Parent/Carer name (please print)*

\_\_\_\_\_  
*Signature of Parent/Carer*

In the presence of:

\_\_\_\_\_ Date \_\_\_\_\_

*Witness (please print name)*

\_\_\_\_\_  
*Signature of Witness*