

# HOLY SPIRIT CATHOLIC PRIMARY SCHOOL



## **Form 1 – Request to Dispense Medicine**

To be completed by Parent or Guardian

**I request that my child:**

\_\_\_\_\_ *(Full Name of Student)*

**be given/allowed to take**

\_\_\_\_\_ *(Name of Medication)*

at \_\_\_\_\_ in dosages of \_\_\_\_\_  
*(times)* *(ml or tablets)*

**For the Medical Condition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other relevant comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:**

*Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

## **Form 3 – Deed of Indemnity**

In consideration of the members of staff of **Holy Spirit School** at my request administering medication to my son/daughter:

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*(Full Name of Student)*

I hereby indemnify and agree to keep indemnified the Catholic Education/Schools Office and its employees and agents, and **Holy Spirit School** 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:

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*Parent/Guardian*

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*Date:*

In the presence of:

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*Signature of Witness*

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*Date:*