



**St Thomas Aquinas
West Belconnen**

**FORM 3
Deed of Indemnity**

To be completed by Parent or Guardian

In consideration of the members of staff of:

(Name of School)

at my request administering medication to my son/daughter:

(Full Name of Student)

(Class)

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

(Name of 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:

Parent/Guardian

Date

In the presence of:

Signature of Witness

Date