



# St Paul's College

115–145 Sea Street West Kempsey NSW 2440

PO Box 3145 West Kempsey NSW 2440

p 02 6562 7200 • f 02 6563 1364

e spckemp@lism.catholic.edu.au • www.kmpslism.catholic.edu.au

## Notification and Request by Parent/Guardian for the dispensing of Medication during School Hours

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

### FOR PARACETAMOL *(Complete if applicable)*

I give St Paul's College staff permission to administer paracetamol to my child when deemed necessary. Please circle number of paracetamol to be dispensed:     1   or   2

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian)*

### FOR PRESCRIBED MEDICATION *(Complete if applicable)*

This medication \_\_\_\_\_ has been prescribed by \_\_\_\_\_  
*(Medication Name)* *(Doctor's Name & Phone Number)*

I hereby give permission to the Principal to obtain relevant information, where thought necessary, from the prescribing Doctor. I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I also agree to indemnify St Paul's College and related parties on the terms of the deed of indemnity.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian)*

### DEED OF INDEMNITY (for ALL medication)

In consideration of the members of staff at St Paul's College, Kempsey, at my request dispensing medication to my son/daughter \_\_\_\_\_, I hereby indemnify and agree to keep indemnified the Trustees of the Catholic Diocese of Lismore and its employees and agents, and St Paul's College, Kempsey 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 dispensing of medication.

Signed, sealed and delivered by the said: \_\_\_\_\_  
*(Name of Parent/Guardian)* *(Signature of Parent/Guardian)*

In the presence of: \_\_\_\_\_  
*(Signature of Witness)* *(Name of Witness, please print)* *(Date)*

*Pursuing excellence every day*