



# MCCARTHY CATHOLIC COLLEGE

75 Mackellar Street  
Emu Plains NSW 2750  
Ph (02) 4735 3211 Fax: (02) 4735 6249

## REQUEST TO ADMINISTER SHORT TERM MEDICATION

Dear Mrs Cairns

I request that McCarthy Catholic College administer the prescribed medication listed below to my child during school hours.

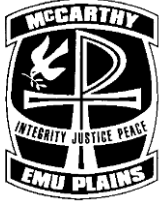
<p><b>Student's Name:</b> .....</p> <p><b>Class:</b> .....</p> <p><b>Prescribing Doctor and Phone No:</b> .....</p> <p>.....</p> <p><b>Medical Condition:</b> .....</p> <p><b>Period of Treatment:</b> From ..... to .....</p> <p><b>Name of Medication:</b> .....</p> <p><b>Dosage:</b> .....</p> <p><b>Times of Administration:</b> .....</p> <p><b>Special Instructions:</b> .....</p> <p><b>Self Administered:</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
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I give permission to the Principal to obtain relevant information from the Prescribing Doctor if required.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my own responsibility to inform the Principal on any changes involved the administration of the medication.

Signed: ..... Date: .....  
Parent/Guardian

*Please complete the back of this form*



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## DEED OF INDEMNITY

In consideration of the members of staff of:

**McCarthy Catholic College**

at my request administering medication to my son/daughter:

.....  
**Full name of Student**

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

**McCarthy Catholic 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/Guardian (Print Name)**

**Dated:** .....

**Signed:** .....