

LETTER OF INDEMNITY

DATE: _____

To: Milford National School, Castletroy, in the County of Limerick, (hereinafter called “the School”), Board of Management of Milford National School, Principal of Milford National School, all teachers and other staff members, employees, agents and contractors of the School (hereinafter collectively called “the Parties”)

I/We am/are the parent/s and guardian/s of () being a pupil of Milford National School, Milford, Castletroy, in the County of Limerick, the said child having a () condition. I/We have requested the School to store emergency medication for the treatment of my/our child’s condition, at the School and/or have requested and authorised the School to provide for the application of the medication by a nominated member of staff of the School, as circumstances require. I/We irrevocably authorise and request the School to give the following assistance to our/my child without any prior notice to me/ us:

(Insert details)

I/We acknowledge that the above facility provided by the School is on a purely voluntary basis and without any obligation whatsoever on the part of the School. In consideration of the School facilitating me/us as stipulated in paragraph 1 above, I/we hereby indemnify all of the above Parties, their respective executors, administrators and/or assigns as the case may be, in respect of all losses, claims, demands, actions or proceedings whatsoever arising under any statute or common law in respect of personal injury or injury of any nature whatsoever arising out of or in the course of or caused directly or indirectly by the storage of the said medication by or at the School and /or application of the said medication to my/our child. We will ensure that the medication is within the expiry date.

Dated this day of 200

Signed by
(NAME)

in the presence of:-

