

# Scoil Náisiúnta Ghlinse



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Glinsk,  
Via Castlerea,  
Co. Galway

*Glinsk N.S.*

## Letter of Indemnity

- We request that the School Board of Management authorise the taking of prescription medicine during the school day as it is absolutely necessary for the continued well being of our child \_\_\_\_\_.
- We understand that the school has limited facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in as required. In the event of certain specific medicines being stored the expiry date is the responsibility of the parents.
- We understand that we must inform the school Principal of any changes of medicines/dose in writing and that we must inform the Principal each year of the prescription/medical condition.
- We acknowledge that the above facility provided by the school is on a purely voluntary basis and without obligation whatsoever on the part of the school.
- In consideration of the school facilitating us as stipulated in paragraph one above, we hereby indemnify the School Board of Management of Glinsk National School 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 medicine by or at school and/or the administration or failure to administer the said medication to my/our child.
- We understand that no school personnel have any medical training and we indemnify the School Board of Management from any liability that may arise from the administration of the medication.

Signed: \_\_\_\_\_

Parent/Guardian

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent/Guardian

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_