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**DEED OF INDEMNITY**

In consideration of the members of staff of:

*LINDFIELD ACTIVITY CENTRE*

administering medication to my son/daughter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*(Child’s full name)*

as requested by me, I hereby indemnify and keep indemnified the staff and management committee against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of  
any personal injury or of any infringement disturbance or destruction of any rights of any person including myself and my son/daughter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
(*Child’s full name)*

arising directly or indirectly out of the aforementioned administration of medication.

Signed, Sealed and Delivered by the said:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*(Name and signature of Parent/Guardian)*

In the presence of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*(Co-ordinator, staff member)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_