

**KINGS LANGLEY PUBLIC SCHOOL**

**EMERGENCY TREATMENT**

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONDITION / ILLNESS \_\_\_\_\_

In the event of your child requiring treatment for the above, could you please supply the following information:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother phone (Work) \_\_\_\_\_ Father phone(Work) \_\_\_\_\_

Neighbour/relative phone: \_\_\_\_\_

Treatment required: (Include medications - dosage and times to be taken)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Parent / Guardian

**ADMINISTRATION OF MEDICATION**

Parents who seek the administration of medication to their children by school staff should:

- ▶ supply up-to-date medication in a suitable container, clearly marked with child's name
- ▶ sign the appropriate indemnity form (see below)

Parents are reminded that medication cannot be given to students without written request and/or consent.

C. Lambert  
Principal

**DEED OF INDEMNITY**

In consideration of the members of staff of Kings Langley Public School administering medication to my child \_\_\_\_\_ as requested by me on occasions / when the said members of staff consider such administration to be necessary, I hereby indemnify and keep indemnified Her Majesty the Queen, Her Heirs and Successors, the Minister for School Education and the Government of NSW and the Department of School Education and its officers, servants and agents 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 including myself and my child \_\_\_\_\_ arising directly or indirectly out of the aforementioned administering of medication.

Signed: \_\_\_\_\_ Parent / Guardian \_\_\_\_\_

Witness: \_\_\_\_\_

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