

## INDEMNITY HOLD HARMLESS AND RELEASE AGREEMENT

I (We) \_\_\_\_\_, am (are) the parent(s) or legal guardian(s) of \_\_\_\_\_, a student enrolled at ST. PATRICK SCHOOL. That said child/ward has a medical condition consisting of an allergy to \_\_\_\_\_ which may require said child/ward receiving an emergency injection of a medicine to counter the effects of said allergy.

In the event said emergency occurs I (we) of my (our) own free will do hereby authorize any employee or volunteer of ST. PATRICK SCHOOL to administer or assist my (our) child/ward to administer an injection which I (we) have previously provided my (our) child/ward or the school.

I (We) as a parent(s)/guardian(s) fully understand that I (we) am (are) solely responsible for providing my (our) child/ward or school officials a current unexpired injection kit.

It is my (our) desire to: (check one)

- A. Have my (our) child/ward keep the injection kit in a small fanny pack which will be carried by my (our) child/ward.
- B. Have the injection kit be kept at the School office. I (we) fully understand that if the injection kit is kept in the office it may take time to retrieve it and take it to the location of my (our) child/ward.

### WAIVER OF RISK

I (We) understand that despite careful actions on behalf of School employees and/or volunteers, there is still a risk involved whenever medications are injected.

In consideration for ST. PATRICK SCHOOL permitting my (our) child/ward to attend school and participate in school activities I (we) agree to Indemnify, defend, hold harmless, and release ST. PATRICK School,

ST. PATRICK Parish and the Roman Catholic Diocese of Gary and their officers, agents, representatives, employees and volunteers against and from any and all claims, suits, losses, costs, damages, expenses and liability arising out of any act or omission or any occurrence, whether or not caused by or resulting from the activity of ST. PATRICK School, ST. PATRICK Parish, the Roman Catholic Diocese of Gary and their officers, agents, representatives, employees and volunteers in the administration of said allergy medication which may cause injury or damage to my (our) child/ward.

This Indemnification, Hold Harmless and Release means that the undersigned **WILL NOT FILE A LAWSUIT OR MAKE A CLAIM** on behalf of themselves or said child/ward against any of the entities or individuals listed above and will pay the costs of defense or damage caused by a claim by or on behalf of said child/ward or the undersigned.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian of child

\_\_\_\_\_  
Parent or Legal Guardian of child