

# PHUMC PRESCHOOL

4700 Paradise Blvd., NW  
Albuquerque, NM 87114

Phumcpreschool.net

Phone: 899-0956

Pager: 968-1452

**Michelle Anderson, Director**

**Theresa Sanchez, Assistant Director**

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## **PARENTAL INDEMNITY AGREEMENT**

I/We, the undersigned parents/guardians of \_\_\_\_\_ a minor, hereby state that the said minor has been diagnosed as having \_\_\_\_\_ and that this poses a serious health problem if the prescribed medicine is not administered. Dr. \_\_\_\_\_, said minor's physician, has prescribed medication to be administered if said minor indicates that all other measures have failed to relieve the acute episode.

It is our understanding that Paradise Hills United Methodist Church Preschool, hereinafter called "PHUMC Preschool," allows school personnel to assist in carrying out a physician's prescription by administering medicine in an emergency.

I/We agree to furnish the necessary prescribed medicine to PHUMC Preschool and furthermore to maintain its potency by providing replacement medicine as needed according to the said minor's physician. It is further agreed that we notify the said school immediately if the physician or the medicine for the said minor is changed.

It is therefore our request and we hereby authorize that said medicine be administered to said minor, as needed, by a member of the school staff.

I/We do forever release, acquit, discharge and covenant to hold harmless PHUMC Preschool and its employees, and heirs, from any and all known or unknown personal injuries which we may now or hereafter have as the parents of said minor, and also all claims or rights which said minor has or may hereafter have, either before or after said minor's eighteenth birthday, resulting or to result from any casualty or event which might occur during or after the administering of said medicine.

I/We agree to bind ourselves jointly and severally, our heirs, administrators, and executors to repay to PHUMC Preschool and its employees, heirs and administrators, any sum of money that it/he/she /they may hereafter be compelled to pay for any and all manner of claims, demands, liabilities, damages, and causes of action relating to or arising out of the administration of medicine.

It is further declared and represented that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that the covenant not to sue contains the entire agreement between the parties hereto, and that the terms of this covenant are contractual and not a mere recital.

### **CAUTION: PLEASE READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Date