



## Indemnity Form

I/We \_\_\_\_\_ the  
Parent(s) / Legal Guardian of \_\_\_\_\_ (full  
name of student). Residing at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Full residential address)

Hereby agree that I/we fully understand and accept that all activities, extra mural activities, excursions, and any/all other school related involvement shall be undertaken at my child's own risk. I undertake on behalf of myself, my executors, my spouse and my child to indemnify the school, the Principals and Staff against and from any and all claims whatsoever that may arise in connection with any loss or damage to property, or injury to the person of my child. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and / or hospital accounts, where applicable, should any injury be sustained.

I cede my powers as parent / guardian to the principal of the school or his / her representative should medical treatment / surgery be deemed necessary for my child. In the event of an emergency and I / we am / are unable to be contacted, I authorize the school to have my child treated at my expense by a doctor nominated by the school. As far as I know he / she is in good health. However, the persons responsible should please note the following: (Please state aspects that the teaching staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please supply the following information that will be essential in case of medical treatment or hospitalization.

Name and address of employer: \_\_\_\_\_

Name of Medical Aid Fund: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

Member's name: \_\_\_\_\_ Police type: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent ID Number

\_\_\_\_\_  
Date