

Indemnity Form



I,(name and surname) the parent / guardian of
.....(name, surname and identity number of pupil) hereby give permission for him/her to participate in the excursion planned for the (school name) learners. I understand that the staff will act in the best interest of my child and I fully understand and accept that this excursion will be undertaken at my child's own risk and I undertake on behalf of myself/my executors, my spouse and my child aforesaid, to indemnify, absolve and hold blameless (school), YFC-Cyara and all other persons and organizations associated with the excursion against and from all claims whatsoever that may arise in connection with the loss of, or damage to the property, or injury to the person of my child aforesaid in the course of the excursion.

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 which cannot be ascribed to negligence on the part of the staff responsible.

I hereby delegate to the principal of the school or his representative, the power to authorize whatever treatment/surgery, he/she, in their sole discretion deem necessary should medical treatment/surgery be deemed necessary for my child. 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.)*

.....

Dietary requirements (eg, Kosher, Halaal).....

The following information is essential in case of medical treatment or hospitalisation:

Name of medical aid fund:

.....

Membership number:

.....

Residential address of parent/guardian:

.....

.....

Tel number: (Home)

Work:

Cell:

.....

.....

SIGNATURE

DATE