



Our Values: *Truth, Joy, Freedom, Sincerity, Justice*

PARENT INDEMNITY FORM

I, (full name and surname), the parent/guardian of

..... hereby give permission for him/her to participate in league fixtures against other schools if selected for the team for some/all sporting teams of the school.

I accept that all reasonable precautions will be taken to ensure the welfare of my child and that I shall be held responsible for the payment of any medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to the negligence of the staff responsible.

I cede my powers as parent/guardian to the principal of the school or his/her representative should medical treatment/surgery be necessary for my child. As far as I know, he/she is capable of participating in the above activities and is in good health.

However, the person responsible should please note the following:

(Please state any aspects that teaching staff should be aware of, e.g. Allergies etc.)

If your child suffers from asthma please ensure that he/she carries his/her asthma pump with him/her at all times.

.....
.....

Please complete the form below to give the information which may be needed in an emergency.

MEDICAL DETAILS

- 5.1 Name and address of employer:
- 5.2 Name of medical aid fund:
- 5.3 Medical aid membership number:
- 5.4 Force number (Permanent S.A. Police etc.):

Please supply accurate and up to date telephone numbers which may be needed in the event of an emergency.

EMERGENCY CONTACT NUMBERS

Home tel no	Other tel no
Father's work no	Cell no
Mother's work no	Cell no

Signature of parent/guardian

ID No: Date:



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