



Indemnity Form Excursions

Full names of pupil: _____ Grade: _____

Date of birth: _____ School: _____

I.D/Passport/Birth Certificate number (if applicable): _____

Important medical information, e.g., medication that must be taken, allergies, medical problems:

Name of person responsible for expenses: _____

Name of Medical Aid (if applicable): _____

Medical Aid number: _____ Primary member: _____

Primary member ID: _____

Postal Address: _____

Contact numbers:

Father (h) _____ (w) _____ (c) _____

Mother (h) _____ (w) _____ (c) _____

Father email: _____ Mother email: _____

Alternative contact details: Name: _____

(h) _____ (w) _____ (c) _____

INDEMNITY AND CONSENT

As parent / legal guardian of _____ (pupil's name)

I do hereby grant my consent for him/her to take part in the [Programme] held at [location] from [dates of excursion].

I hereby authorize the [school name / other organisation] staff to act in my place as parent with full authority to consent to my daughter / son / ward undergoing any surgical or other medical treatment should this be necessary while taking part in the above programme and should it be impossible to obtain my consent timeously.

I fully understand that although due care and caution will be exercised by the [school name / other organisation] staff, all activities are undertaken at my daughter's / son's / ward's own risk. I am aware that neither [school name / other organisation], nor any of their appointed staff accept responsibility for any loss, injury or damage that the person or property of my daughter / son / ward might sustain while engaging in the abovementioned programme, and I waive any right that I or my daughter / my son / ward may have to claim compensation against [school name / other organisation], or its appointed staff in respect of any loss, injury or damage incurred whilst involved in this programme howsoever arising and I indemnify them against all claims brought by or on behalf of my daughter/ son / ward.

Full name of parent or guardian: _____

Signature: _____ Date: _____