



SECTION 5 - INDEMNITY FORM

The following indemnity form, if signed, gives your consent for your child to participate in all school excursions and sports matches and activities for the duration of the child's stay at the school.

NB: You will note that if you do not want your child to go on a particular excursion, or participate in sports matches/activities you may naturally exercise this option by informing the school Headmaster in writing prior to the event.

EVERY CARE WILL BE TAKEN TO ENSURE THE SAFETY AND SECURITY OF YOUR CHILD ON EDUCATIONAL OR SPORTS EVENTS AND OUTINGS.

The following information is CRITICAL in case of medical treatment or hospitalization	<p>I hereby give permission for my child : (write full name of your child)</p> <p>_____to participate,</p> <p>Under the supervision of the school, in all educational excursions and/or extra-mural activities while she/he remains a pupil of Durban Christian Centre School</p> <ol style="list-style-type: none"> 1. I hereby indemnify and hold the school its agents, representatives and educators harmless against any claim or demand arising from the death or injury to my child or in loss or damage to property, arising from or occasioned by my child's participation in any such sporting or extra-mural activities and/or such tours and excursions. 2. I agree that, if in the opinion of the headmaster of the school or his delegated deputy shall have authority (which is hereby delegated to extend such medical treatment including surgical intervention, in my behalf) 3. I accept that all precaution will be taken to ensure the safety and the welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable 4. As far as I am aware my child physically capable of participating in the said sporting and extracurricular activities and she/he is in good health .However, the persons responsible should please note the following aspects: (please state below)
Doctors Name	
Contact Number	
Medical Scheme	
Main Member's Name	
Medical Aid Number	
Blood Group	
Employer Name	
Employer Contact Number	
Personal Information	
Parent Name	
Students Name	
Residential Address	
Contact Number(w)	
Contact Number	
Cell : 	
Home : 	
<p>Please state aspects that teaching staff should be aware , e.g. allergies ,tendency towards abnormal bleeding epilepsy, asthma, food preferences etc:</p>	

SIGNATURE OF PARENT/GUARDIAN

DATE

I.D NUMBER