



SETTLERS AGRICULTURAL HIGH SCHOOL

INDEMNITY FORM FOR EXCURSIONS

I, _____ (full name) ID _____,

the parent/legal guardian of _____ (learners name)

give my consent that my child may attend _____ (place)

from _____ to _____ (date)

I am aware that the attendance of this excursion and the activities, which may take place during this excursion, may hold the possibility of physical injuries. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child.

I understand that I will be held responsible for the payment of medical and/or hospital accounts where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the educator/staff responsible on this excursion.

I cede my powers as parent/legal guardian to the principal of the school or his/her representative should any medical treatment be deemed necessary for my child.

I agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the learners enrolment at your school.

MEDICAL INFORMATION

My child suffers from the following ailments: e.g. (Diseases, fits, diabetes, etc.)

My child is allergic to: e.g. (Certain foods, penicillin, bee-sting, etc.)

NAME OF MEDICAL AID: _____

MEDICAL AID NUMBER: _____

NAME OF HOLDER : _____

TELEPHONE NUMBERS IN CASE OF EMERGENCY:

HOME : _____ **CELL:** _____

WORK : _____ **OTHER:** _____

PARENT/GUARDIAN

DATE