Birnel College

INDEMNITY FORM

1. I, _____ (full name and surname) the parent/guardian of _____ (full name and surname and I.D. No. of pupil) hereby give permission for my son/daughter to participate, under the supervision of the school representative/s in all extra mural activities while he/she remains a pupil at Birnel College.

2. I hereby accept that all reasonable precautions will be taken to ensure the safety and welfare of my child whilst he/she is on an educational excursion or participates in an extra mural activity arranged by Birnel College or as a participant in the school's aftercare programme, including the transportation of said child in the school's vehicle for the abovementioned purposes (which I hereby give permission for).

3. I hereby indemnify and hold the school, its agents, representatives and educators harmless against any claim or demand arising from the death of or injury to my child, or any loss or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in any such extra curricular activities and/or excursions.

4. I accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of all medical and/or hospital accounts, where applicable, should an injury be sustained by my child.

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

6. As far as I am aware, my child is physically capable of participating in extra curricular activities and 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.]

   _____
   _____
   _____
   _____

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

1. Name and address of parent/guardian:

   _____

   Name and address of employer:_____

2. Name of medical fund: _____

3. Membership No: _____

4. Name of family doctor: _____

5. Telephone Number: _____

6. Residential address of parent/guardian: _____

   _____

7. Postal address of parent/guardian: _____

   _____

8. Telephone Numbers:

   Home: _____ Work: _____

   (Other): _____ or _____

_____ _____
Signature of parent/guardian (Mother) Date

_____ _____
Signature of parent/guardian (Father) Date