INDEMNITY	
Surname of Parent / Guardian	
Identity No. Of Parent / Guardian	
Physical Address	
Learner's full names:	

1. Indemnity:

   a) Presda Primary School
   b) The higher organisations of the school
   c) Employees, whether full time or part time, as well as voluntary assistants of the school or the higher organisations of the school for any:

      i) Deed or
      ii) Omission which directly or indirectly causes injury or death to the abovementioned learner and causes
      iii) Specific loss, e.g., hospitalisation or
      iv) General loss, e.g. lawsuits for pain and suffering as a result of injury.

2. I grant permission for the learner to participate in educational tours, outings and sports activities that may be organised by the school, as well as after school care facilities and private transport by teacher(s).

3. I accept that all reasonable precautions will be met to ensure the safety of my child and that I will be responsible for the payment of any medical, hospital and other related costs, where applicable, should he/she receive any injury.

4. I delegate my authority as parent/guardian to the principal of the school or his/her representative, should medical/surgical treatment be deemed necessary for my child.

5. Please take note of the following medical aspects:

I) Allergies: _____

II) Inclined to abnormal bleeding: _____

III) Epilepsy: _____

IV) Medication, chronic or otherwise: _____

V) Any other aspects of which the staff needs to take note of:

_____

_____

_____

Undertake to notify the staff of any new developments in terms of this clause.

The following information is imperative in case of medical treatment or hospitalisation:		
Name and address of employer:		
Name of Medical Fund:		
Force number: (Permanent Force, SA Police, etc.)		
Please complete the following ONLY should you be of the opinion that you qualify for a reduced rate for hospitalisation by a Provincial Hospital		
Career		
Gross Income	Husband:	Wife:
No. of dependents (spouse excluded)		
Residential address of parent / guardian		
Tel. Home	Tel. Work	Tel. Other
Cell. No.:		Cell. No.:

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

_____

IDENTITY NO.