



**INDEMNITY FORM**

FULL NAME OF PUPIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_

DAD WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

MOM WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

The following information is required in the event of your child needing medical assistance:

Does your child have any allergies? If so, please give details: \_\_\_\_\_  
\_\_\_\_\_

Do you belong to a medical aid scheme?      YES/NO

Name of medical aid: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

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**PARENTS INDEMNITY**

I, \_\_\_\_\_ being  
the Parent/Guardian of \_\_\_\_\_

understand that all reasonable precautions will be taken by the tour/outing management, and absolve HeronBridge College from any responsibility regarding the loss or damage to any property, or any injury to the said pupil from the time he/she leaves home for the tour/outing until he/she returns home, or which may subsequently arise after this period.

I hereby designate the Headmaster or anyone appointed by him to act "in loco parentis" on my behalf, and should it be necessary, to procure medical or other assistance on my behalf, and at my expense.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that if my child misbehaves in any way that upsets the tour/outing, he/she will be sent home at my expense.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_