

INDEMNITY FORM

DAY SCHOLARS & BOARDERS

Whilst every possible care will be taken by Bishop Bavin School, St George's (referred to hereafter as the School) to safeguard all pupils from accidents, injury or loss, every parent or legal guardian is required to complete this form:

1. _____
(Full name of parent or guardian)

Being the parent/legal guardian of:

(Referred to hereafter as the pupil). FULL NAME OF CHILD

Hereby waive, indemnify and agree to hold harmless the Diocese of Johannesburg of the Church of the Province of Southern Africa, the Chairman and Board of Governors of the School, the School, its Rector and Staff, or their authorized agents or representatives against any and all claims, howsoever arising, whether claimable by us or by the pupil or any third party arising out of the injury, death, loss, damage, costs or expense, including legal costs suffered as a result of any outings or other traveling arrangements undertaken on behalf of the pupil or events attended by the pupil during the enrolment of the pupil at the school, during the 2011 Calendar year.

I hereby nominate, constitute and appoint Bishop Bavin School, St George's to act in loco parentis to the Pupil and to exercise over the Pupil's actions full authority and control.

I also authorize the Rector or his duly authorized representative to have any urgent medical treatment administered to the Pupil and I accept full liability for any expenses so incurred.

SIGNED: _____

AT: _____

THIS _____ DAY OF _____ 2011

WITNESSED: _____

EMERGENCY CONTACT NO: _____

MEDICAL DETAILS OF MY CHILD

1. Name of Medical Aid and Number (if any) _____

2. Any Allergies (specify) _____

3. Any special medication/treatment needed (specify) _____

4. Name and telephone no. of parent to contact in case of emergency (if possible)

5. Family Doctor _____ Tel No. _____

6. Family Dentist _____ Tel No. _____

SIGNED: _____

AT: _____

THIS _____ DAY _____ 2010

WITNESSED: _____