

LETTER OF INDEMNITY & MEDICAL EMERGENCY

SEKHUKHUNE REGION

Circuit co-ordination

CIRCUIT: Groblersdal

NAME OF SCHOOL: Dynamique Private High

I,the parent/guardian
[Full name and surname of parent/legal guardian]

of.....
[Full name and surname of learner]

hereby give my permission that he/she may participate in extra-mural activities,
educational excursions and other trips organised by the school.

I confer my powers as parent/guardian to the teachers to act on my behalf for the duration
of the course, should my child require medical treatment.

To my knowledge he/she is in good health.

However, I wish to draw the attention of the person responsible to the following:

.....
.....

[state any details in connection with your child's health and/or any activities in which he/she may not participate]

INFORMATION REQUIRED IN CASE OF MEDICAL TREATMENT/HOSPITALIZATION.

1. Name and address of employer of the parent/legal gaurdian
.....and telephone number.....

2. Occupation/Designation.....

3. MEDICAL AID:- Name of fund.....Membership no.....

4. Main member or if no M/Aid Parent: Initials and Surname.....

5. Residential address of [main member] / parent.....

.....
Telephone number: Cell.....Work.....

♦ [please submit medical aid card and ID document to be copied]

5. Blood group of child;(if familiar with it).....

6. Name and address of person who can be contacted if parent cannot be reached:

.....
Telephone number: Cell.....Work.....

Whilst the educators will do everything in their power to ensure that my child is safe ,

***I as the parent/guardian indemnify the school and the Department of Education
for any mishap beyond the educators' control.***

SIGNATURE OF PARENT/GUARDIAN.....DATE.....