

West Rand Seventh-day Adventist Primary School

Cnr. 3rd Avenue & Thornton Road P. O. Box 284
Westdene Westhoven
2092 2142



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CONSENT AND INDEMNITY FORM

I (FULL NAME) _____, at Address _____
_____ Parent/Guardian of _____ in Grade _____

do hereby give my consent for my child to take part in extra mural and co-curricular activities, including educational excursions/tours, religious & outreach programmes, and cultural & sporting activities, while attending school. Furthermore, I give my consent for my child to travel on reliable transport arranged by the School.

I fully understand and accept that all tours, excursions and transport shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my wife and my afore mentioned child to indemnify, hold harmless and absolve West Rand Seventh-day Adventist Primary School, the Principal and Staff, against any or all claims whatsoever that may arise in connection with loss or damage to the property, or injury to the person of my afore said child in the course of any such tour/excursion/transport or activity, in the knowledge that the Principal and Staff will never the less take all reasonable precautions for the safety and welfare of my child.

The following information is essential in case of emergency medical treatment or hospitalization:

- A. **Name of Employer:** _____
- B. **Address of Employer:** _____
- C. **Medical Aid:** _____ **Membership Number** _____ **Main Member Name:** _____
- D. **Family Doctor (Name):** _____ **Cell Number:** _____
- E. **Residential Address of Parent/Guardian:** _____
- F. **Contact Numbers:** Mother (Cell) _____ Father (Cell) _____
(Work) _____ (Work) _____
- G. **Emergency Contact:** Name _____ Number: _____

This indemnity shall remain in force for the full duration of my child's enrolment at West Rand SDA Primary School. I further undertake to furnish the school immediately with the relevant information should any of the above or any other details change.

Signature of Parent/Guardian _____ **Date:** _____

