City Kidz Pre & Pre Primary School

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**CONSENT AND INDEMNITY FORM**

**EXCURSION / EVENT: Grade 7 Leadership Camp- Happy Acres**  **DATE: 02 March 2016**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full names and surnames of parent, guardian or authorised official*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*State relationship to child*

**ID No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Physical Address*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel:** **(w)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel:** **(h)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternative Cell No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby give permission for my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**in Grade** 7 to participate in the abovementioned excursion / event.

**Please provide us with TWO alternative contact numbers: State Relationship:**

1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Doctor’s number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, fully understand that while every precaution will be taken for the safety and welfare of the said child, and for the care of his/her possessions, I understand that *City Kidz Pre & Pre Primary* *School*, the Employees *City Kidz Pre & Pre Primary School*, its Agents, the Organisers and / or the Officials of the excursion and / or event are indemnified and I hold them harmless against any loss or damage, illness, injury arising from any cause arising, which the said children may sustain or incur during the abovementioned excursion / event.

I, further appoint the School Staff of *City Kidz Pre & Pre Primary School* who are accompanying the children in the excursion / event to act in *loco parentis.*

We accept that the School will assist as best as possible to arrange any emergency treatment that may be required. However, I/We accept that unless otherwise indicated by myself the school or educator will seek emergency treatment from the most accessible Public Hospital.

I, by signing this document, do hereby affirm that I have read through this document and understand the nature and implication thereof.

**SIGNED at JOHANNESBURG on this** \_\_\_\_\_\_\_\_\_ **day of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2016**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PARENT /GUARDIAN**