



斐京華僑公學

Pretoria Chinese School

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STUDENT'S INDEMNITY FORM

Pretoria Chinese School will constantly endeavour to take such steps as may be reasonably required in the circumstance to do what it can to keep the student out of harm, and free from loss, considering what can be reasonably foreseen and provided for in each case. Subject to the limitations placed on the school's right to exclude liability in terms of Section 103 of the School Education Act No 6 of 1995 (Gauteng Province), both Parents or Guardians jointly and severally indemnify the school, its employees, and agents (for whom it may be found to be vicariously liable) against any claim of the student in respect of the event in question.

1. I, _____ (full Name and Surname of Parent or Guardian), I.D./Passport Number _____ of _____ (full Name and Surname of student), I. D. Number _____ hereby give permission for my child to be transported by bus to and from all school related activities.
2. I accept that all reasonable precautions to ensure the safety and welfare of my child will be taken and that I shall be held responsible for the payment of Medical and / or Hospital accounts, where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.
3. I cede my powers as Parent or Guardian to the Principal of the school, or his representative should medical treatment / surgery be deemed necessary for my child. As far as I know he/ she is in good health.
4. I agree that while my child is conveyed or transported at any time, for any purpose, the school and / or staff members shall not be responsible for loss or damage to the clothing and / or personal property of the learner.
5. However, the persons responsible should please note the following:
(Please state aspects that the teaching staff should be aware of eg: allergies, tendency towards abnormal bleeding, epilepsy, etc). Please list any medications being used regularly.

6. I **GIVE/DO NOT** give permission for my child to be transported by ambulance to the nearest hospital.

THE FOLLOWING INFORMATION IS ESSENTIAL IN CASE OF MEDICAL TREATMENT OR HOSPITALIZATION:

1. Name and Address of Employer: _____
2. Occupation: _____
3. Name of Doctor: _____
4. Name of Medical Aid Fund: _____
5. Number of Medical Aid Fund: _____
6. Home Address of Parent or Guardian: _____
7. Postal Address: _____
8. E – Mail Address: _____
9. Telephone Numbers: Home: _____ Work: _____
Other: _____ Cell: _____
10. Religion: _____ Language: _____
11. Other contact Person: _____ Tel. No: _____
12. Relationship: _____

Signature of Parent or Guardian: _____ Date: _____