



HOLY CROSS HIGH SCHOOL
Indemnity and form of Consent

This form pertains to: _____ (details of trip/outing)

I, _____ (full names of parent or legal guardian),
parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent
to my daughter/ward, (full names)

_____ participating in the various activities (including
sports activities, camps and educational outings) arranged, organised or offered by the School, and, where
relevant, to her being transported to and from the said activities by means of transport made available by the
school for that purpose.

I further agree to the condition that, while every precaution will be taken for the safety and welfare of my
daughter and for the care of his possessions, I will hold blameless and indemnify all persons, Holy Cross High
School and all other organisations associated with the activity, should any prejudice, loss, damage, illness or
injury occur to my daughter during the above activity. This includes an indemnity against recovery of costs
resulting from damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the
negligence, wilfulness or deliberate act of the School or one or more of its employees. I furthermore appoint
the school staff accompanying the tour or group, or supervising the activity, to act in loco parentis in respect of
my daughter should the need therefore arise.

RELEVANT INFORMATION CONCERNING YOUR DAUGHTER'S CONDITIONS/CIRCUMSTANCES

Does your daughter have any medical condition or allergy of which the teachers accompanying the group need to be aware? If so, please provide details:		Yes	No
Should medication/hospitalisation be necessary please indicate (if applicable):			
a) Name of your Medical Aid Society:			
Medical Aid No:			
b) Name of principal; member of Medical Aid			
c) Contact details of Medical Practitioner to be contacted for medical history if necessary:			
Emergency contact telephone number/s over the period of the activity/camp/tour: Telephone:			
Work:	Home:	Cell:	
Signature of parent/guardian			Date
Name and Signature of Witness			