



INDEMNITY AND MEDICAL EMERGENCY INFORMATION 2021

I, _____ the parent/guardian/custodian of _____
(Full name and surname) (Full name and surname of pupil)
 with ID number _____, do hereby give permission for the said pupil to participate in all school activities, tours and excursions.
(Pupil ID Number)

I hereby fully indemnify DE LA SALLE HOLY CROSS COLLEGE, its staff, members of the Board of Governors of the College, College employees, agents and representatives against any claim/s with regards to any loss of property or loss of any goods, or any injury, bodily harm, death or other form of harm caused to the aforesaid pupil (hereinafter referred to as "the pupil") or to items or goods in the possession or control of the pupil, however arising, unless gross negligence can be proven against the College.

In the event of any medical treatment of any nature being required in respect of the pupil, I hereby grant to all teachers, staff and responsible persons in control, so mandated by the College, full power to authorise any such treatment which he/she may deem fit. I hereby accept full responsibility for payment of all medical costs so incurred and all other costs incidental thereto. The authorisation by the College representative in terms of this clause will only apply in the event of an emergency, and when the parent/guardian/ custodian cannot be reached telephonically to attend directly to the medical instruction required to be given, relating to the medical treatment necessary for the pupil. This makes it essential that you, the signatory hereto, to ensure that your current telephone numbers in use are always communicated to the school and to keep the school records updated at all times.

I agree to the College making use of images and videos of the aforementioned child, at its sole discretion. When exercising this discretion, the College will seek to avoid impinging on the child's modesty or presenting the child in a negative light. When the College chooses to use images for marketing purposes, or allows external agencies to do so (as opposed to using pictures in newsletters and the school magazine or other similar media, or in the course of filming ordinary school activities), reasonable steps will be taken to secure my permission prior to the images being used in this way.

I, the parent/guardian/custodian, by my signature hereto also acknowledge that I am the party entitled to provide this information and issue this indemnity in respect of the pupil. Should it transpire that I am not the responsible person to issue this mandate and indemnity, I by my signature hereto shall hold myself liable to the College for the financial consequences following from the granting of this indemnity and instruction by me, on my part, however arising.

I hereby declare that said child suffers from the following pre-condition and/or cannot use certain types of medication:

NONE:	MILD CONDITION, ALLERGY OR INTOLERANCE	LIFE THREATENING CONDITION OR ALLERGY	OTHER – PLEASE SPECIFY

In the case of life threatening conditions, I understand that it is compulsory for the child to wear a medical bracelet / necklace at all times. I hereby declare that the information provided overleaf shall be updated by myself as the need arises. If the medical aid details or pupil's medical condition changes subsequent to this information being supplied by me to the College, I will notify the College of the updated information in writing.

I have logged into Ed-Admin parent portal and updated all information, contact details, medical information, emergency contacts and extra mural activities.

I have downloaded the College App and am aware of the information that it provides.

Signed at _____ this _____ day of _____ 2020

Full Name: _____ Relationship to child: _____

ID Number: _____ Signature: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM



DE LA SALLE HOLY CROSS COLLEGE



MEDICAL INFORMATION 2021

NAME AND SURNAME: _____ GRADE _____ CLASS: _____

LEARNER'S ID NUMBER: _____

CONTACT DETAILS:

	GUARDIAN	GUARDIAN	ALTERNATE EMERGENCY CONTACT
NAME:			
CELL PHONE:			
WORK:			
HOME:			
OTHER:			
EMAIL:			

MEDICAL AID DETAILS:

MEDICAL AID NAME:	MEDICAL AID NUMBER:	MAIN MEMBER NAME:	MAIN MEMBER ID:

MEDICAL PRACTITIONER DETAILS:

Doctor's Name: _____ Telephone number: _____

MILD CONDITIONS

Allergy / Illness / Condition: _____

Medication: _____

Dosage: _____

Where is medication kept?: _____

SERIOUS / LIFE THREATENING CONDITION

If child suffers from a life threatening condition/illness/allergy, a medical bracelet/necklace is compulsory.

Medical Bracelet – Company / Contact Details / Number of Bracelet:-

Allergy / Illness / Condition: _____

Medication: _____

Dosage: _____

Where is medication kept?: _____

Should medical intervention be required, the school will contact an ambulance on 082 911. Milpark Hospital is our hospital of choice.

Parent Name

Parent Signature

Date

Physical Address - High School: 2-22 Rd. Nr3, Victory Park, 2195 / Junior School: Cnr 13th Street & Braemar Road, Victory Park 2195

Postal Address: P O Box 35687, Northcliff, 2115

Contact Details: High School: Telephone: 011 782 4896 Fax: 011 888 1282 / Junior School: Telephone: 011 782 5217 Fax: 011 782 8489

Web: www.delasalleholycrosscollege.co.za / PBO No: 13003577