



INDEMNITY FORM

I _____ parent of _____
 (PLEASE PRINT SURNAME & NAME) (PLEASE PRINT SURNAME & NAME) (GRADE)

- Hereby give permission for my child to make use of the swimming pool **ONLY** under strict supervision.
- I understand that Pinnacle Primary & Secondary Boarding School will **NOT** be responsible for any accidents that may occur.
- I also understand that Pinnacle Primary & Secondary Boarding School will take all precautions to avoid accidents.
 - ❖ The swimming pool will be fenced in and will **NOT** be accessible to any learner unless supervised.
- I give permission for my child to travel with the school via **public transport**. I also understand that Pinnacle Primary & Secondary Boarding School will **NOT** be responsible for any accidents which may occur.
- I also understand that Pinnacle Primary & Secondary Boarding School will take all necessary precautions to avoid any accidents.
- I give permission for my child to attend all casual and educational tours / camps. I understand that Pinnacle Primary & Secondary Boarding School will **NOT** be responsible for any accidents which may occur and understand that Pinnacle Primary & Secondary Boarding School will take all precautions to avoid any accidents.
- I give permission that my child may receive medication and medical attention from the responsible staff member on duty when deemed necessary.
- I understand that if a learner does fall pregnant and medical attention is required they are to inform the responsible staff member so that correct medication can be administered.
- I understand that if a learner is pregnant and is injured or requires medication the school will **NOT** be held liable for wrong medication being administered.
- I give permission for illegal substance tests to be conducted on my child/ren at any time.
- I also give permission for my child/ren to be finger printed by the police if the need arises.
- I give permission to the following person/s to fetch my child/ren from Pinnacle Primary & Secondary Boarding School.

| SURNAME & NAME | ID NO | CELL NO |
|----------------|-------|---------|
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- ❖ Any person/s fetching the learner/s must show proof of identification.
- ❖ Any person/s not listed above fetching the learner/s will **NOT** be allowed to take the learner/s. The parents are to be contacted immediately and the parent will then have to send through permission via fax. **ONLY** then will the learner/s be allowed to leave.

PARENT SIGNATURE

WITNESS

DATE