A unique school enriching the modern child

PUPILS WILL NOT BE ALLOWED TO GO ON CLASS TRIPS OR OUTINGS UNLESS THIS FORM HAS BEEN SIGNED

INDEMNITY FORM

1. I, _____ (full name and surname), the parent/guardian of _____ (full name and surname of pupil), hereby give permission for him/her to participate in extra-curricular activities of the school, as well as going on tours and excursions that are necessary in the course of such activities.

2. I hereby acknowledge that **Levleesky academy** and its Chairman, Directors and employees are exempted from any liabilities which might arise from harm sustained by my child while on the school premises or while on class trips or outings. I accept that I am responsible for the payment of all medical and/or hospital accounts related to such injuries.

3. I cede my powers as parent/guardian to the Principal of the school or other representative, should medical treatment of any nature, including surgery, be necessary for my child.

4. However, the persons responsible should please note the following: (Please state aspects that the teaching staff should be aware of, e.g. Allergies, tendency towards abnormal bleeding, epilepsy, etc.)

_____

_____

_____ _____

SIGNATURE OF PARENT/GUARDIAN IDENTITY NUMBER

_____

DATE

Home No.:_____ Cell No.: _____

Work No.: _____ Emergency Contact No.: _____