



**Parkview International Pre-School**

## **Student Indemnity Form**

1. I give permission for my son/ daughter, \_\_\_\_\_ (name),  
\_\_\_\_\_AM / PM (class) presently enrolled as a student at PIPS; to participate in all school activities on the school premises during school hours.
2. I also agree to allow him/her to join in school field trips or outings as planned by the class teacher as part of the school curriculum.
3. I understand that, providing adequate supervision and safety measures are taken, that no member of staff can be held liable for any damage caused by or to my son/ daughter.
4. In the event of an accident, I give permission for basic first aid treatment to be given and, if necessary in the event of an emergency, medical treatment to be administered by a doctor.
5. I agree to allow the school to post or publish photos of my child, or work by my child, for educational purposes such as newsletters, class weekly updates, portfolios, the school website and for displays within the school. Permission will be sought before any such materials are used for advertising or school promotions.
6. I give consent to release my personal data, such as names and telephone numbers to the Department of Health for contact at the beginning of every school year regarding my child's medical records, if necessary. Such information is used by the Department of Health to trace the affected cases if there is an outbreak of any infectious disease within the pre-school.

**THE SCHOOL CARRIES A FULL PERSONAL INSURANCE COVER AGAINST ACCIDENTS BOTH ON AND OFF THE PREMISES.**

Signature: \_\_\_\_\_  
Parent / Guardian

Date: \_\_\_\_\_