Grade:	Student	First	Ν
01000			

AISM INDEMNITY FORM

PASSPORT DETAILS (Please only complete this section and attach a copy of the passport only if the field trip requires travel outside of Mozambique)				
Passport Number:				
Nationality of Passport:				
Passport Expiry date:				
MEDICAL INFORMATION REGARDING MY SON/DAUGHTER (The AISM School Nurse also needs to be informed of any changes in your child's health)				
My son/daughter suffers from the following allergies:				
He/She carries the following medication:				
Additional Information:				
MEDICAL AID/INSURANCE DETAILS				
Medical scheme name:				
Membership number:				
EMERGENCY CONTACT NUMBERS FOR THE PERIOD OF THIS TRIP				
I may be contacted on the follo period of this trip:	owing numbers during the			
Should there be no reply to any of the above, contact can be made to the following:				
SPECIAL RELIGIOUS OR DIETARY REQUIREMENTS IF APPLICABLE				
Please specify here:				
I				
	_			
Apart from cases of gross negligence, I absolve the school and any officer of the school of any responsibility for whatever incident may befall my child, particularly where there is injury as a result of wilful disobedience on my child's part. I authorise the member of staff in charge of the trip to act <i>in loco parentis</i> should there be any need of medical treatment or hospitalisation. I understand that any medical costs which might arise as a result of this trip will be solely mine to bear.				
Signed in Maputo on this date:				
PARENT/GUARDIAN Signature:				
FOR ALL AISM SPORT, ACTIVITIES, SCHOOL & FIELD TRIP KINDLY COMPLETE THIS FOR AND RETURN TO THE APPROPRIATE TRIP ORGANIZER AT LEAST A WEEK PRIOR TO THE PLANNED DEPARTURE DATE FOR LOCAL TRIPS. HOWEVER, FOR ALL TRIPS THAT INCLUDE TRAVEL ACROSS A BORDER OR IF A FLIGHT IS REQUIRED, A COPY OF THE STUDENT'S PASSPORT PHOTO PAGE AND THIS FORM ARE TO BE SUBMITTED STRAIGHT AWAY.				

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