



ST JOHN'S COLLEGE

Full names of pupil: _____ Form: _____

Date of birth: _____ House: _____

I.D/Passport/Birth Certificate number: _____

Important medical information, e.g. medication that must be taken, allergies, medical problems: _____

Name of person responsible for expenses: _____

Name of Medical Aid: _____

Medical Aid number: _____ Primary member: _____

Postal Address: _____

Contact numbers:

Father (h) _____ (w) _____ (c) _____

Mother (h) _____ (w) _____ (c) _____

Father email: _____ Mother email: _____

Alternative contact details: Name _____

(h) _____ (w) _____ (c) _____

INDEMNITY AND CONSENT

As parent / legal guardian of _____ (pupil's name)

I do hereby grant my consent for him to take part in the _____ (tour/activity)

To _____ (destination) from _____ to _____ (date of tour)

I hereby authorize the St John's College staff to act in my place as parent with full authority to consent to my son / ward undergoing any surgical or other medical treatment should this be necessary while taking part in the above tour and should it be impossible to obtain my consent timeously.

I fully understand that although due care and caution will be exercised by the St John's College staff, all activities are undertaken at my son's / ward's own risk. I am aware that neither St John's College, nor any of their appointed staff accept responsibility for any loss, injury or damage that the person or property of my son / ward might sustain while engaging in the abovementioned tour, and I waive any right that I or my son / ward may have to claim compensation against St John's College, or its appointed staff in respect of any loss, injury or damage incurred whilst involved in this tour howsoever arising and I indemnify them against all claims brought by or on behalf of my son / ward.

Full name of parent or guardian: _____

Signature: _____ Date: _____