



**AMITY INTERNATIONAL SCHOOL : “We nurture talent”**

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Website: <http://amitysa.co.za>

NPO : 2013/090771/12

**ANNEXURE A : INDEMNITY FORM**

I, \_\_\_\_\_ (full names of parent/legal guardian), Identity Number/Passport number \_\_\_\_\_ of the under-mentioned , over whom I have custody and control, hereby consent to my son/daughter/ward (full names) \_\_\_\_\_ in Grade \_\_\_\_\_ participating in various activities (including sports activities, camps and educational outings) arranged, organized or offered by the School, and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree to the condition that, **while every precaution will be taken for the safety and welfare of my son/daughter/ward** and for the care of his/her possessions, I will hold blameless and indemnify all persons, Amity International School and all other organisations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my son/daughter/ward during the above activity. This includes indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalisation.

I furthermore appoint the school staff accompanying the tour or group, or supervising the activity to act *in loco parentis* in respect of my son/daughter should the need therefore arise.

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number : \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Witnesses:

1. \_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

**RELEVANT INFORMATION CONCERNING YOUR SON/DAUGHTER'S  
CONDITIONS/CIRCUMSTANCES**

Does your son/daughter have any medical condition or allergy of which the teachers accompanying the group need to be aware?

Yes       No

If so, please provide details:

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Should medication/hospitalisation be necessary please indicate (if applicable):

a) Name of your Medical Aid Society : \_\_\_\_\_

b) Medical Aid No : \_\_\_\_\_

c) Name of principal, member of Medical Aid (usually father) \_\_\_\_\_

d) Contact details of Medical Practitioner to be contacted for medical history if necessary:

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e) Emergency contact telephone number/s over the period of the activity/camp/tour:

Telephone: (work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name of Witness

\_\_\_\_\_  
Signature