



## **REVIVAL CITY COLLEGE AFTERCARE INDEMNITY FORM – 2023**

I/ We \_\_\_\_\_ (full name and surname), the

Parent/guardian of \_\_\_\_\_ (full name and surname), hereby give permission for him/her to attend the aftercare and participate in the aftercare activities (swimming / Soccer, etc.)

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.

I am aware that during the holiday programme written permission to participate in outings and certain activities will need to be granted by me in order for my child to be allowed to participate.

I /We cede my / our powers as parent/guardian to the Principal, or the Supervisor of the aftercare or his/her representative, should medical treatment/surgery be deemed necessary for my child. As far as I know my child is physically capable of participating in the above mentioned activities and he/she is in good health.

However the person responsible should note the following: (Please state aspects that the staff should be aware of – e.g. allergies, epilepsy, and tendency towards bleeding.)

---

Although the necessary precautions will be taken, RCC cannot accept responsibility for any injuries, loss or damage.

### **PUPIL'S DETAILS**

SURNAME	
FIRST NAMES	
DATE OF BIRTH	

### **FATHER'S DETAILS**

SURNAME	
FIRST NAMES	
ID NUMBER	
CELL NO.	
WORK NO.	
HOME NO.	
ADDRESS	
EMAIL ADDRESS	

### **MOTHER'S DETAILS**

SURNAME	
FIRST NAMES	
ID NUMBER	
CELL NO.	
WORK NO.	
HOME NO.	
ADDRESS	
EMAIL ADDRESS	

**EMERGENCY CONTACT 1 / ALTERNATIVE CONTACT 1**

NAME	
RELATION TO CHILD	
CONTACT TEL	

**EMERGENCY CONTACT 2 / ALTERNATIVE CONTACT 2**

NAME	
RELATION TO CHILD	
CONTACT TEL	

**MEDICAL DETAILS**

MEDICAL AID NAME	
PRINCIPAL MEMBER	
NUMBER	
DOCTOR'S NAME	
DOCTOR TEL	
ALLERGIES	
ANY KNOWN HEALTH CONDITIONS	
CHRONIC MEDICATION TAKEN	

SIGNATURE MOTHER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE FATHER \_\_\_\_\_ DATE \_\_\_\_\_