



REVIVAL CITY COLLEGE INDEMNITY FORM – 2023

I/ We _____ (full name and surname),

the parent/guardian of _____ (full name and surname),
hereby accept that all reasonable precautions will be taken by Revival City College 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 school programme, written permission to participate in outings and certain activities may need to be granted by me.

I /We cede my / our powers as parent/guardian to the Principal of Revival City College 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 all the college activities as he/she is in good health to do so.

I commit to ensuring that I will keep Revival City College informed at all times of any changes to my contact details and/ or medical aid, as well as the health of my child.

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, responsibility will not be accepted by the college for any injuries, loss or damage.

Name of Child	
Grade starting in 2023	
Dexterity of the child (Right or left handed)	
Home Language	
Population Group	
Childs ID number	
Any Parent deceased	
Name of previous school	
In which province was the school based	
Which year did the child attend that school	
Address where child lives	
Mom's name and surname	
Mom's cellphone number	
Mom's work number	
Mom's email address	

Residential Address where mom lives	
Dad's name and surname	
Dad's cellphone number	
Dad's work number	
Dad's email address	
Residential Address where dad lives	

Please complete details for TWO DIFFERENT guardians or relatives who may be contacted in case of an emergency:

Name of relative/guardian	
Relation to the child	
Guardian/Relatives cellphone number	
Guardian/Relatives work number	
Guardian/Relatives email address	
Address where guardian/relative lives	

Name of relative/guardian	
Relation to the child	
Guardian/Relatives cellphone number	
Guardian/Relatives work number	
Guardian/Relatives email address	
Address where guardian/relative lives	

**Please complete the form regarding who collects your child after school.
If this is a transport company, please fill in the details as well.**

Name of the person/ transport company that collects your child on a daily basis	
Relation to the child	
Cellphone number	
Email address	

**In the event that the transport driver or person that normally collects
your child is not available, please write down the name of the
person/transport company that could possibly collect him/her.**

Name of alternative person/driver	
Relation to the child	
Cellphone number	
Email address	

**Please provide medical aid detail and any known conditions in the space
provided below.**

Medical Aid Name	
Scheme type	
Principal Member	
Medical Aid Number	
Doctor's name	
Doctor's Phone number	
Doctor's rooms address	
Allergies	
Any known health condition	
Chronic medication taken	

I acknowledge that all the information provided is correct.

Mother sign: _____

Date: _____

Father sign: _____

Date: _____