

Indemnity Document
Indemnity and appointment 'in loco parentis' declaration



I, the undersigned, _____ parent/guardian of
_____ (name and surname of learner), acknowledge that in certain situations there may be insufficient time to contact parents/guardian or refer to medical services available.

And we therefore:

1. Delegate to the Principal of Bright Star Primary School / Nursery or the representative, the power to authorise whatever medical treatment he/she in their sole discretion deems necessary for the pupil, and in doing so agree that the Principal and/or his/her representative should act in loco parentis.
2. Understand that all school or school related activities are undertaken at our/my child/children's own risk.
3. Indemnify and hold Bright Star Primary School / Nursery, the Principal, Educators, Staff and employees harmless in respect of all loss or damage, whether to person or to property, from any cause howsoever arising, which may be sustained by the learner or parents/guardian stipulated or his/her property or possessions, whilst on school property or under school control during any school excursion, activity or outing, or as result of medical treatment administered under paragraph 1 above.
4. Bright Star Primary School / Nursery or any member will not be held responsible for any injuries, accidents or illnesses during the period of the learner attendance at the School or whilst being transported to or from Bright Star Primary School / Nursery.

Herewith I/We as parents/guardian agree that this indemnity and appointed in loco parentis shall commence on the date of signature hereof and remain in force and affect for the duration of the learner's enrolment at Bright Star Primary School / Nursery.

Signed at Middelburg on this _____ day of _____ 20_____.

Father: Name and Surname

Father: Signature

and

Mother: Name and Surname

Mother: Signature

or

Guardian: Name and Surname

Guardian: Signature