



## INDEMNITY FORM

I, the undersigned, \_\_\_\_\_ (Full name) in my capacity as parent/ guardian of the minor child \_\_\_\_\_ (Full name of child)

do hereby consent to my aforementioned child participating in all school activities carried out by Poplar Academy, including without limitation, sporting and extra-mural activities, and activities taking place off the school premises, and hereby authorize the staff of Poplar Academy to act in loco parentis on my behalf during such activities.

Poplar Academy will constantly endeavour to take such steps as may be reasonably required in the circumstances to do what it can to keep the pupil out of harm, and free from loss, damage and injury, taking into account what can be reasonably foreseen and provided for in each case. Subject to the limitations placed on the School's right to exclude liability in terms of Section 103 of the School Educational Act Nr 6 of 1995 (Gauteng Province), both parents jointly and severally indemnify the school, its employees and agents (for whom it may be found to be vicariously liable) against any claim of the pupil in respect of the event in question.

### MEDICAL

#### 1. PUPIL DETAILS

Pupil's Name: ..... Date of Birth: .....

Address: .....

.....

Tel No: Home: ..... Emergency: .....

#### 2. DETAILS OF MEDICATION / MEDICAL CONDITION

I request that my son/daughter have the following prescribed medication administered by school staff as indicated:

a. Nature of medical condition:

.....  
.....

b. Name of medicine(s):

.....  
.....

c. Prescribed by (please tick as appropriate):

General Practitioner <input type="checkbox"/>	General Practitioner <input type="checkbox"/>	General Practitioner <input type="checkbox"/>
Name: .....	Name: .....	Name: .....
Address: ..... ..... .....	Address: ..... ..... .....	Address: ..... ..... .....

**NB: Written instructions from a medical professional are required - eg pharmacist's label to be attached**

d. Times at which medicine(s) to be given (please specify times or as required):

.....  
.....

e. Dose of medicine(s) to be given and means of administration:

.....

f. Number of treatments / duration of treatments:

.....  
.....

g. Is pupil to administer his/her own medication – e.g. asthma inhaler?

YES/NO

In the case of ADHD (Attention Deficit Hyperactivity Disorder) medication, the pupil WILL be supervised by a member of staff.

### 3. DELIVERY AND STORAGE ARRANGEMENTS

Non ADHD Medications:

NB - Medication for ADHD must be delivered personally by the parent to a member of school staff either on a daily or weekly basis. No more than 1 week (5 days) supply of medication will be accepted but in exceptional circumstances this may vary and arrangements should be made with the nominated school staff member. ADHD medication should be kept locked in a secure place.

**4. EMERGENCY CONTACTS**

Parent's / Caregiver's name:                      Tel. No. : (Home)                      Tel. No. : Work  
.....  
.....

Emergency Contact

Name: .....                      Tel No. : .....  
GP Name: .....                      Tel No. : .....  
Other (Name): .....                      Tel No. : .....

**5. PARENTAL RESPONSIBILITY**

- a. I accept responsibility for delivering the medicine(s) personally to the nominated member of the staff, and to replace them whenever necessary.
- b. I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor or hospital.
- c. I accept responsibility for advising you that (pupil's name)..... is able to administer his / her own medication. (iv) I understand the terms of the Indemnity.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Witnesses:

Name: \_\_\_\_\_                      Name: \_\_\_\_\_

Signature: \_\_\_\_\_                      Signature: \_\_\_\_\_

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN**