



REG. NO. 2010/003266/08 • SNAP EDUCATION (ASSOCIATION INC UNDER SECTION 21) • PBO NO. 930035281

Annual Consent/Indemnity Form for School Trips and Outings and activities on or off SNAP premises.

Name of child:..... **Grade:**.....

Photographs

I am happy for photographs/films of my son/daughter to be used in relation to school work or in school publicity / publications or occasionally by outside agencies such as the Durbanville Times / Tygervalley Times or SNAP website and other communication media.

I give permission for my child to be photographed in school.

*Signed..... (Parent/Custodian) Date:.....

Medical Information

Please provide details of any medical condition your child has, including regular medication needs, e.g. epilepsy/asthma/inhaler, diabetic/insulin/migraines etc. Please also provide the name, address and telephone number of your GP/Medical Centre.

Medical conditions _____

Allergies (including food)

Does your son/daughter suffer from travel sickness? _____ If so do they take any medication and what is it? _____

Name, address and telephone number of Medical Centre/G.P. _____

I give full permission for members of school staff to authorise emergency medical treatment in an emergency for my child and also to administer minor first aid if needed.

*Signed..... (Parent/Custodian) Date:.....

Annual Consent / Form of Indemnity

I agree that:

1. I will pay for any damage to persons or property which is caused through the misconduct or carelessness of my child.
2. I will not hold the Principal, Vice Principal, Teachers, school governors or any member of staff responsible for any loss of personal effects by my child during the trip where reasonable steps have been taken to safeguard those items.
3. I indemnify, hold harmless and absolve the staff, governing body members, other members of the touring party (where applicable) including accompanying parents and the Governing Body of SNAP Academy against any or all claims that may arise in connection with the loss of or damage to the property of or injury to my son / daughter in the course of activities on any SNAP Academy activity away from the school, in the knowledge that the person appointed to manage such activity will nevertheless take all responsible precautions for the safety and welfare of my son / daughter.
4. I consent to my child travelling by any form of public transport or in a motor vehicle driven by any member of staff who accompanies the trip and is in possession of a full driving licence valid for the vehicle concerned.
5. SNAP Academy may temporarily suspend tutoring services and request a doctor's letter in the case of a child presenting with an infectious illness, skin rash, head lice, ringworms, etc.
6. SNAP Academy, its staff or governing body will not be liable for any loss or damages suffered by the parent as a result of incorrect information furnished by the parent.

In relation to the points above please note that parents/custodians will not be asked to repay any sum of money where the sum has been the subject of a successful insurance claim by SNAP Academy, or any member of staff.

If you have any concerns regarding your child's health which may affect a particular trip please provide a brief outline below:

I note that I will inform the school if I have any concerns regarding any medical complaint or treatment needed which may affect my child's participation in future trips.

Telephone numbers where parents/carers may be reached in an emergency.

	Home	Work	Mobile
Mother			
Father			
Carer			
Other Family Member			

I hereby sign the Annual Consent/Indemnity Form to give permission for the subjects highlighted above and agree to the conditions in this agreement.

*Signed:..... (Parent/Custodian) Date:.....