

30<sup>th</sup> September 2011

Dear Parents

### **ANNUAL INDEMNITY FORM**

Attached to this letter is the Indemnity Form for the school year 2011/2012. This form provides vital contact and medical information for every boy taken on school outings and is taken by the teacher leading the visit so that the most relevant and appropriate information is to hand in the event of any emergency.

Please complete this form for your son and return it to the school office by Friday 7<sup>th</sup> October. Your returned and completed forms will be stored in the Junior School office for the whole of this school year and taken on each outing as appropriate.

You will be notified, prior to any visit, with regard to date, venue, cost etc and asked to provide any amendment to your son's medical or emergency contact details. If necessary, your son's Indemnity Form will be amended in the School office prior to the trip. **IT REMAINS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY AMENDMENTS.**

Could I please draw your attention to the following when completing the form:-

- Please remember to fill in your son's name at the top of the form
- The emergency contact should be the first point of contact in any emergency. *This would normally be the parent who is most easily contactable during the day.*

Thank you for your help in completing this vital administrative task.

Yours sincerely

**E R CAVENDISH**  
Master of the Junior School

**ELTHAM COLLEGE JUNIOR SCHOOL**  
**Form of Indemnity and Consent for School Visits**

**Name of Pupil:**

**Form:**

I accept the School's offer to take my son on the visits for the school year 2011/2012. I hereby indemnify the Governors and any member of staff involved against:

- (1) Any claim made against them/her/him by a third party directly or indirectly arising out of any act or default of my son; and
- (2) Any costs and expenses reasonably incurred and/or other sums disbursed by them/her/him on behalf of my son during or as a result of the trip; and
- (3) Any loss to them/her/him arising from damage to or loss of property or personal injury contributed to or caused by any act or default of my son.

**PROVIDED:**

- (A) That the indemnity shall not extend to any claim damages, costs or expenses insofar as the Governors or any member of staff shall be entitled to be indemnified under any policy of insurance, and
- (B) That the member of staff shall not have been shown to have acted negligently or irresponsibly.

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| Does he suffer from any condition which may be affected by certain activities?<br>If YES please specify: |
| Known allergies to food, drugs or other medication, eg penicillin, paracetamol, plasters:                |
| Date of last Tetanus Booster:  |
| Doctor's name, address and telephone number:   |
| Any special dietary requirements?  |

I consent to members of staff to agree to any medical treatment for my son (including the taking of anaesthetic) as is considered necessary.

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| The following person may be contacted in an emergency:<br><br>Name:<br><br>Address:<br><br>Telephone No: |
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Signed:  
Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_