



Annex 2: Indemnity and Medical Form

Medical details:

Name of student: _____

Date of birth ____/____/____ Nationality: _____

Passport number: _____ Date of expiry: _____

Emergency contact details:

First contact person: _____ Phone No _____

Secondary contact person _____ Phone No: _____

Medical Insurance company: _____

Policy number: _____ Date of expiry: _____

Details of any medical conditions:

Treatment for above medical condition:

Details of any other medications being taken:

Does your child suffer from asthma: Yes / No

Details of any allergies:

Permission to administer medication

By Housemaster (after hours) or School Nurse

Cough/sore throat lozenges Yes / No

Cetirizine (allergic reaction) Yes / No

Antihistamine cream Yes / No

Povidone Iodine cream Yes / No

ORS (rehydrate salts) Yes / No

Ibuprofen Yes / No

Paracetamol Yes / No

By School Nurse or Clinic:

RMT (Rapid Malaria Test) Yes / No

Diclofenic cream Yes / No



Swimming:

Permission to swim Yes / No

Swimming ability: Weak / Average / Strong

Permission to cycle/skateboard/roller-blade on school property (with protective helmet) Yes / No

Permission to cycle in the nature reserve (e.g. for cycle races, cycle club) Yes / No

Visits to game park:

Permission to go in group for cycle activity/ nature walk / Year group camps with a teacher. Yes / No

Privacy / Photography:

Permission for photographs to be used in school marketing material Yes / No

Indemnity for trips/school events

I give permission to for my child (named above) to travel with teachers, parents and / or other authorised members of the community who have agreed or volunteered to provide transport for school outings scheduled throughout the school year. This may be teachers / parents of friends who are providing transport in personal vehicles.

I understand that whilst every reasonable precaution will be taken, the school and staff will not be held responsible for any loss of life or injury, or loss of, or damage to personal belongings however caused.

I agree to allow the staff to act in loco parentis and administer any required medication and/or authorise treatment in an emergency (in consultation with parents)

Parent name : _____

Signature : _____

Date : _____