



Northside Primary School

GABORONE, BOTSWANA

INDEMNITY

I understand that my child will take part in a school visit/travelling by school bus or with transport arranged by the school.

As stated in the Chairman's letter dated 22 September 1998, I have the right not to allow my child to travel on the school bus and to arrange transport myself.

I accept that the adults accompanying the group will supervise the children as normal caring parents would, and that they will bear no responsibility for any accident or illness which may befall any child due to his or her own irresponsible conduct.

Please sign the form below and return it to the school tomorrow.

Event:	_____			
Child's Name	_____			
Departure from School Time	_____	Date	_____	
Return to School	Time	_____	Date	_____
Signed	_____			
Relationship to Child	_____			
Parent's/Guardian's Name	_____			
Date	_____			
Emergency Contact Number	_____			
Critical Medical Information	_____			
Medical Aid Scheme	_____			
Medical Aid No	_____			



Accredited by the Council of International Schools