



# Design Programmes

## INDEMNITY FORM

During the year, Inscape students may participate in excursions, site visits, social functions etc. Should the student sustain an injury, it is vital that we have the students' medical and next-of-kin details. It is therefore important that this form be completed.

Until this form has been completed, the student may not attend any of these events.

### STUDENT DETAILS

Surname (block letters) \_\_\_\_\_ First names: \_\_\_\_\_  
Date of birth 19\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ID number: \_\_\_\_\_  
Residential address \_\_\_\_\_  
\_\_\_\_\_ post code: \_\_\_\_\_

### MEDICAL

Gender:  Male  Female Blood group: \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Medical Aid \_\_\_\_\_ number \_\_\_\_\_  
 allergic to \_\_\_\_\_  tendency towards abnormal bleeding  
 epilepsy  asthma  past / present illnesses or disability: \_\_\_\_\_  
 medical treatment / operations  chronic medication: \_\_\_\_\_

### NEXT OF KIN

Surname (block letters) \_\_\_\_\_ First names: \_\_\_\_\_  
Relationship \_\_\_\_\_ Work number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Home number ( \_\_\_\_\_ ) \_\_\_\_\_ cell number: ( \_\_\_\_\_ ) \_\_\_\_\_

### CONSENT AND INDEMNITY

In an emergency, there may not be time to refer to your child's records. Inscape Design College therefore reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_ being the parent / legal guardian / student over the age of 21, hereby give permission for the above mentioned student (my child) to participate in any outing or excursion arranged by the College and for the appointed Inscape Design College staff member to provide / authorise any emergency treatment as necessitated by the situation.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child. I also accept that I shall be responsible for the payment of medical and / or hospital fees, where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the Inscape staff responsible. I cede my powers as parent / guardian to the principal of Inscape Design College or his representative should medical treatment / surgery be deemed necessary for my child.

As far as I know my child is in good health, except for the conditions identified above.

I am aware that Inscape Design College may not be held liable for any theft, damage, injury or death that may occur on an outing or excursion.

I understand that my child will not be permitted to participate in outings and excursions if this form has not been signed by the responsible person.

\_\_\_\_\_  
Signature of parent / legal guardian Date  
or student over the age of 21