

# CHRIS JUNIORS PRIVATE SCHOOL

TEL/FAX: 065 – 246155/44, PO BOX 25093, ONANDJOKWE

## INDEMNITY FORM

Chris Juniors Private School undertakes to do everything possible to safeguard your child while being transported by the school or while attending any school activity. The school only uses the services of responsible experienced drivers. All school activities are done under the supervision of responsible adults.

### Learner information

Name and Surname: \_\_\_\_\_

Blood group: \_\_\_\_\_ Allergy \_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

### Parent(s) / Guardian(s) information

#### Father/ Guardian:

Name: \_\_\_\_\_ physical address: \_\_\_\_\_

Tel home: \_\_\_\_\_

Tel work: \_\_\_\_\_

Cell: \_\_\_\_\_

#### Mother/ Guardian

Name: \_\_\_\_\_ physical address: \_\_\_\_\_

Tel home: \_\_\_\_\_

Tel work: \_\_\_\_\_

Cell: \_\_\_\_\_

P.T.O

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### Relatives/Friends

The following information is needed of persons not residing at the same address as the learner.

Relative/Friend: \_\_\_\_\_ Tel : (w) \_\_\_\_\_

Cell: \_\_\_\_\_ Tel : ( h) \_\_\_\_\_

Relative / Friend: \_\_\_\_\_ Tel: (w) \_\_\_\_\_

### Medical Information

Main Aid: \_\_\_\_\_ Med No: \_\_\_\_\_

Main member: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Tel No (h) \_\_\_\_\_

### Indemnity

I \_\_\_\_\_ the parent/ Guardian of \_\_\_\_\_

Grade \_\_\_\_\_ gives my permission that my child may be transported by the school and may attend activities presented by the school. I will not hold Chris Juniors Private School responsible in case of injury or death while my child is being transported or is attending a school activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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