



HAVE A SAFE TRIP CONSENT AND INDEMNITY FORM

I, _____
Full Name and Surname of legal Parent/Guardian of

Full Name and Surname of Child

Hereby grant permission for my son/daughter to be transported by Have A Safe Trip

I accept that all reasonable precautions will be taken to ensure the safety of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained during the transportation of my child/ren.

I therefore undertake on behalf of myself, the Executors, my wife/husband and my child aforesaid to indemnify and absolve the owner, principal, drivers, teachers, helpers and paid temporary or permanent staff/assistants against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of such activities.

I cede my powers as parent/guardian to the principal/owner of the business or representatives should medical treatment be deemed necessary for my child/ren. As far as I know, he/she is in good health.

This general indemnity shall remain in force for the full duration of my child's enrolment with Have A Safe Trip. I further undertake to furnish Have A Safe Trip with the relevant information should any of the details alter or change.

Signed at _____ on _____ of _____ 20____

Signature of Parent/Legal Guardian _____

Witness 1: _____

HAVE A SAFE TRIP MEDICAL INFORMATION (PLEASE PRINT CLEARLY)

Child's Name _____

Medical Aid Name: _____

Medical Aid Number: _____

Principal Member: _____

Family Doctor: _____

Telephone Number _____

Address: _____

Does your child have any allergies to specific medications?

Does your child have any physical problems?

Does your child have any nervous or health problems (epilepsy, convulsions, diabetes, abnormal bleeding)?

I hereby give permission to staff members of Have A Safe Trip to:

- Attend to any minor injuries my child might sustain.
- Take my child to a registered medical practitioner in the neighborhood in the event of the child needing immediate medical attention other than hospitalization.
- Take my child to hospital in the event of an occurrence where my child requires medical attention.
- Procure the services of an ambulance to transport my child to hospital in the event of my child being too sick/injured to be transported by a member of staff.
- Administer CPR by trained/qualified staff to my child in the event of cardiac and/or pulmonary arrest. I am aware that all designated staff have undergone CPR and basic first aid training.

Signed: _____

Full Name and Surname: _____

Date: _____