

Date(s) of Camp: _____

HSC INDEMNITY FORM

THE INDEMNITY FORM MUST BE SIGNED BEFORE YOU WILL BE ALLOWED TO USE THE HERITAGE STEM CAMPS BUS SERVICE.

I, Name **Father/Mother/Guardian/Other** (circle one) of Name (camper, staff, volunteer or partner date of birth YY/MM/DD give permission to use the Heritage STEM

Camps bus service.

The following information is required in the event of anyone needing medical assistance:

DETAILS OF EMERGENCY CONTACT PERSON

Alternate Number for Emergency:

Person's Name.....Number:.....

MEDICAL AID DETAILS

Medical Aid Name:.....

Main Member:.....

Name of Fund:.....

Membership Number:.....Member ID:.....

IMPORTANT INFORMATION FOR MEDICAL PURPOSES:

If you have or had any any allergies (including food or medicine if applicable):.....

Previous Illnesses which could have a bearing on any treatment required:

Surgical Procedures which could have a bearing on any treatment required:

Present conditions and medication:

(The above information must be provided to any Medical Practitioner who may be required to treat my daughter, and will be regarded as confidential)

The parent/guardian is responsible for updating all relevant information.

I understand that although HSC, the volunteers, facilitators, directors, and agents of the camp and outside contractors will exercise all reasonable care to ensure the safety of anyone as accidents and/or incidents may occur, however, which could result in serious injury; I accordingly indemnify and hold harmless the school and all persons (including juristic persons) concerned from any claims of whatever nature, including any consequential loss which I, my family or my daughter may suffer should any incident or accident occur.

I specifically authorize the HSC staff, in the event of medical treatment to act on my behalf to secure appropriate treatment, including ambulance services, hospitalization, anesthesia and surgery, and any other support that may be required, and to bind my credit/medical aid for all such services as may be required. I hereby indemnify the staff's concerned, HSC and all other persons (natural or juristic) referred to above from any claims which may result from medical services provided of whatever nature.

SIGNED AT.....ON.....20__.

.....
PARENT/GUARDIAN/OTHER