

## PHAROS BUS SERVICE CONSENT AND INDEMNITY FORM

**Dear Parent/Gaurdian**

Please note that pupils/students will not be allowed on the Pharos school Bus Service without a fully completed and appropriately signed indemnity form. Parents who have two or more children being transported by the bus are required to sign separate indemnity forms. Completed and signed indemnity forms must be returned to:

[info@pharosschool.co.za](mailto:info@pharosschool.co.za) or the Pupil/Student class teacher.

**Full Name of Pupil/Student:**

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**Date of Birth:**

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**The following information is required in the event of an emergency:**

**Does your child have any allergies or chronic illness?**

**YES NO**

**If YES, please give details:**

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**Do you belong to a medical aid scheme?**

**YES NO**

**Name of Medical Scheme:**

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**Medical Aid Option:**

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**Medical Aid Membership number:**

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**Name, contact number and address of employer or if self-employed please provide own contact details and the nature of business.**

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**Contact Person/s**

**Name:** .....

**Mobile Number:** .....

**DECLARATION: TO BE COMPLETED BY PARENT/GUARDIAN**

**I, .....**  
**in my capacity as parent/guardian of the child listed above ,**  
**request that my child is to make use of the Pharos School Bus**  
**Services listed for 2019, and that my child will not be allowed**  
**onto the bus without a valid and paid bus ticket. I undertake to**  
**give the school a terms notice should i wish to cancel this service.**

**I hereby indemnity and absolve Pharos school from any**  
**responsibility regarding loss of or damage to any property or any**  
**injury to the said pupil/student from the time he/she leaves home**  
**for the bus trip until he/she returns home, while using this**  
**service.**

**I acknowledge that, in accordance with its own values, ethos and code of conduct the school expects all children to behave appropriately while on the bus. I further acknowledge that, should my child behave inappropriately, disciplinary action will be taken, as provided from the School's code of conduct/policies.**

**I hereby designate the principal of the school or anyone appointed by him to act in loco parentis on my behalf, and, should it be necessary, to procure medical or other assistance on my behalf and at my expense.**

**Full Name of Parent/Guardian:**

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**ID Number:**

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**Signature of Parent/Guardian:**

**Date:**

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