Dear Parent

We have been advised by the Supreme Council of Education to seek a 'Letter of Indemnity' from the parents of the students, going for the forthcoming Picnic **to Baladna Park on 15th & 16th January 2020** respectively. This is a mandatory requirement for all the students interested in joining the picnic.

Every parent must sign this 'Letter of Indemnity' prior to the student's participation in the picnic. Kindly fill in all the details, sign the letter and submit it to your ward's class teacher.

✂………

The Springfield Primary School, Al Wakra
LETTER OF INDEMNITY

I, voluntarily permit my child to go for the picnic to **Baladna Park** as on the date mentioned below during school hours. I understand that the school and the teachers have taken great care in planning this trip and the safety of each child is of utmost importance to the school.

As a parent, I have given accurate information regarding the blood group of my child, allergies, medications, special conditions and special care needed in case of any emergency. I understand that the school will take all the necessary steps to ensure the safety of the child throughout the trip. However, in case of any unforeseen circumstances beyond the control of the school and the teachers, I will not hold the school and the teachers responsible.

Name of the student : _____

Name of the Parent   : _____

Class/ Sec   : _____

Picnic Date: [   ]   15th January 2020 **[For Class 1 & 4]**

                        [   ]   16th January 2020 **[For Class 2 & 3]**

Date: _____   Signature of the Parent: _____

The Springfield Primary School, Al-Wakra
Student Health Information Form

Please write in capital letters

Name _____ Date of Birth _____

Blood Group _____ Class/Sec _____ Bus No. _____ (if applicable)

Emergency Contact Information:

Father Name   _____

Phone Numbers: Work _____   Mobile _____

Mother Name   _____

Phone Numbers: Work _____   Mobile _____

Additional Contact Person
Name   _____

Phone Numbers: Work _____   Mobile _____

Medical Information :
Allergies –if any - food, insects, medications, others
_____

_____

Do you carry medications for your allergies? (If yes, list medications and dosage)
_____

_____

Current regular medication (if any)
_____

_____

Medical History / Special Instructions
(Please list medical conditions e.g., diabetes, asthma, seizures, etc. or other physical conditions that might be important for emergency care)
_____

_____

Parent's Name   : _____

Parent's   Signature   : _____

Date   :_____