



# Nkhwazi Primary School

8 Ituna Road, P.O. Box 50950, Ridgeway, Lusaka - Zambia Switchboard:  
+260 211 251353; +260 971 015810  
[headofschool@nkhwazishool.org](mailto:headofschool@nkhwazishool.org).  
[www.nkhwazishool.org](http://www.nkhwazishool.org)

## UPDATE OF PERSONAL RECORDS 2023

CHILD'S SURNAME: \_\_\_\_\_ CHILD'S FORENAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ SIBLINGS AT NKHWAZI

SCHOOL \_\_\_\_\_

CHILD'S RESIDENTIAL ADDRESS \_\_\_\_\_

TEL ..... CELL ..... E-MAIL \_\_\_\_\_

FATHER'S/MALE GUARDIAN'S NAME .....

FATHER'S/MALE GUARDIAN'S OCCUPATION & BUSINESS ADDRESS .....

.....P O BOX .....

TEL ..... CELL ..... E-MAIL .....

MOTHER'S/FEMALE GUARDIAN'S NAME .....

MOTHER'S/FEMALE GUARDIAN'S OCCUPATION & BUSINESS ADDRESS .....

.....P O BOX .....

TEL ..... CELL ..... E-MAIL .....

NAME OF PERSON TO BE CONTACTED IN EMERGENCY (IF PARENTS OR GUARDIAN CANNOT BE REACHED EASILY).....

TEL ..... CELL ..... E-MAIL .....

FAMILY DOCTOR/CLINIC .....

TEL ..... CELL ..... E-MAIL .....

CHILD'S RELIGION (IF CHRISTIAN PLEASE GIVE DENOMINATION)

.....

ANY OTHER USEFUL INFORMATION (I.E MEDICAL CONDITION OF CHILD)

.....

SIGNED ..... DATE .....



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## **PARENTAL CONSENT FOR CHILDREN TO PARTICIPATE IN EXTRA CURRICULAR ACTIVITIES AND OUTSIDE EDUCATIONAL VISITS ORGANISED BY THE SCHOOL DURING 2023**

I, \_\_\_\_\_ the parent/legal guardian of

\_\_\_\_\_ (Child's full name) do hereby give consent for my child to participate in all school extra-curricular activities organised by the School authorities within and outside of the school premises and inclusive of educational trips, within and outside Lusaka, during the year 2018.

In furtherance of the objectives of the said extra-curricular activities and trips, which my child may participate in, I hereby undertake to hold harmless (exclude liability) the School and its staff and I further undertake to assume responsibility on matters following:

- (a) Any claims, damages or costs which the School and its staff may become liable to incur (without negligence on their part) in consequence of any injury, damage to or illness of my said child which may occur during or as a result of any activity or trip.
- (b) Any claim by any third party, which may be made against the School or its staff in consequence of any act or default of my said child as a result of any activity or trip.
- (c) Any other cost or expense reasonably incurred by the School and its staff on behalf of my child as a result of any activity or trip.

### **NOTES:**

- (a) Extra-curricular activities are those activities and games, which form part of the School's published ECA programmes for each term and which normally take place in the afternoons. They include outside educational visits and field trips and trips to other schools for sporting fixtures. Participation in the ECA programme, whilst encouraged, is not compulsory and is dependent on parental permission and signed consent.
- (b) Participation in all curricular activities during pre-lunch sessions, including physical education and swimming, is compulsory. Letters from parents and, if necessary, doctors' notes are required if children are to be excluded from taking part in curricular activities.
- (c) Separate information for each trip outside the school will be given so as to facilitate the prompt collection of children from the school by parents or guardians.
- (d) Children must be collected promptly at the end of activities. The school's extra-curricular activities finish at 16.00 hours each afternoon. The school offices close at 16.45 hours and the school cannot provide supervision beyond that time nor can it be held responsible for children collected after 16.45 hours.

I further give my consent and authorisation to the School and its staff to administer and / or provide, at my own cost, any medical or surgical treatment that may be professionally recommended to be given to my said child during or as a result of the activities or trips.

\_\_\_\_\_  
PARENTS NAME IN FULL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS'S NAME IN FULL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE