

(DPSI)

PARENT OR GUARDIAN'S CONSENT TO CHILD OR WARD'S STAY IN DPSI'S HOSTEL AND UNDERTAKING TO PAY MEDICAL BILLS

I, Mr./Ms..... of House Number and with telephone number..... on this..... day of.....,20..... give the following consent and undertaking concerning my child/ward.

Consent

I am the parent/guardian of Mr./Ms, student of Delhi Private School International (DPSI), class, course enrollment no. for the session, and I give consent and permit my child/ward to stay in the hostel of DPSI located at Tema, Community 25, Greater Accra, to attend the regular classes conducted by DPSI.

Undertaking

I state that should there be a medical exigency in any way whatsoever and or howsoever concerning my child/ward during his/her stay in the hostel, and requiring him/her to be taken to the hospital by the school, or admitted thereafter, I irrevocably and unconditionally undertake that I will take full responsibility for any and all expenses and or liabilities incurred on the medical treatment of my child/ward.

Indemnity

I hereby undertake to irrevocably and unconditionally indemnify DPSI and hold it harmless against any and all claims, losses, costs, liabilities and or damages incurred or suffered by it (DPSI) in connection with or concerning my child's/ward's medical treatment.

Legal reasonableness

I acknowledge that I am willingly and voluntarily giving this undertaking after seeking independent legal advice, and that I make this undertaking neither under any form of duress or influence.

Signed by the above-named parent/guardian

In the presence of (witness):

Name: _____

Address: _____

Telephone number: _____