

# Indemnity Form

I, \_\_\_\_\_ (Name of \*Parent/Guardian)  
\_\_\_\_\_ (last 4 characters of NRIC e.g. 123A), \*Parent/Guardian of  
\_\_\_\_\_ (Name of student) \_\_\_\_\_ (last 4 characters  
of NRIC e.g. 123A) hereby declare that my \*child/ward is participating in the Young MENDAKI  
Club PEER Community Programme (the “Programme”) of \*his/her own free will and am aware  
of the risks involved, and that my \*child/ward.

My \*child/ward and I do hereby absolve MENDAKI Club and its representatives (including  
volunteers) in any capacity from all or any responsibility, causes of action, claims, and  
obligations arising from any loss or damage (including, without limitation and to the extent  
permissible by law, physical injury, loss of life or property damage) caused by or sustained as a  
result of my \*child/ward’s participation in the Programme; and indemnify MENDAKI Club and  
its aforementioned representatives against all losses, damages, costs or expenses (including legal  
fees)

*\*Please delete accordingly*

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Parent’s/ Guardian’s Signature

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Date

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Name of Parent/Guardian

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Name of Child

# PERSONAL HEALTH DECLARATION FORM

## To be filled out by the parents or guardian

Name of child: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Pg/Hp: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Home address: \_\_\_\_\_

## **If person name above is not available in the event of an emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Pg/Hp: \_\_\_\_\_

## Health Declaration By Parent/Guardian

1. Does your child have any form of respiratory illness and/or fever?  
 NO  
 YES
2. Is/was your child been diagnosed with a particular disease, health issue or disability?  
 NO  
 YES (Please Specify: \_\_\_\_\_)
2. Does your child suffer from an allergy, a chronic or recurrent illness?  
 NO  
 YES (Please Specify: \_\_\_\_\_)
3. Is your child currently taking medication or receiving any medical treatment?  
 NO  
 YES (Please Specify: \_\_\_\_\_)
4. Does your child have any special needs (Dietary) as a result of allergies or medical conditions?  
 NO  
 YES (Please Specify: \_\_\_\_\_)
5. Does your child have any history of operation(s), injury, or chronic weakness in any parts of your body?  
 NO  
 YES (Please Specify: \_\_\_\_\_)
6. My child has not returned from overseas travel or have immediate relatives who have returned from overseas travel within 14 days before this event?  
 NO  
 YES (Please Specify: \_\_\_\_\_)

I, \_\_\_\_\_ declare that the information above is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date