

**Bord Oideachais agus Oiliúna Dhún na nGall
DONEGAL EDUCATION & TRAINING BOARD**

INSURANCE INDEMNITY

CLASS: _____

To:
Ms. G. Diver,
Principal,
Abbey Vocational School,
Donegal Town.

This is to acknowledge that we, the undersigned Parents and Guardians accept responsibility for the child whose name is entered below whenever he/she obtains permission from the Principal or his nominated representative to leave the school for whatever valid reason provided that we have sought and obtained his permission or that of his nominated representative (a) in person, (b) by telephone, (c) in writing, or that the said child presents to the Principal or his representative a medical appointment card or other such document.

We absolve and release Donegal Education and Training Board from all contingent liability that may arise out of or in connection with any injury that may be sustained by the said child while he/she is outside the school boundaries on such business.

Child's Name & Address:

Signatures of Parent(s)/Guardian(s):

_____ Date: _____
_____ Date: _____

N.B. To be signed by both parents or guardians.