



**Delhi International School, Sector-23, Dwarka**

**TRANSPORT INDEMNITY FORM**

This indemnity form must be duly signed to avail the DIS Bus Service. Please return this signed form by 7<sup>th</sup> July 2023.

Name of the child : \_\_\_\_\_ Class Section : \_\_\_\_\_

Admission No : \_\_\_\_\_ Route No : \_\_\_\_\_

Pickup Point : \_\_\_\_\_ Drop Point: \_\_\_\_\_

The following information is required in the event of your child needing medical assistance:

Does your child have any allergies or chronic illness? Yes / NO

If YES, please give details

\_\_\_\_\_

I, \_\_\_\_\_ parent of \_\_\_\_\_ Class & Section \_\_\_\_\_ do hereby give my consent to pick/drop my ward from the point \_\_\_\_\_ Route No \_\_\_\_\_ on a daily basis. I also declare that DIS-23 will not be held responsible for any adversity in any case whatsoever.

However, all important precautions and measures will be taken care by DIS.

Parent's Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Delhi International School, Sector-23, Dwarka**

**TRANSPORT INDEMNITY FORM**

This indemnity form must be duly signed to avail the DIS Bus Service. Please return this signed form by 7<sup>th</sup> July 2023.

Name of the child : \_\_\_\_\_ Class Section : \_\_\_\_\_

Admission No : \_\_\_\_\_ Route No : \_\_\_\_\_

Pickup Point : \_\_\_\_\_ Drop Point: \_\_\_\_\_

The following information is required in the event of your child needing medical assistance:

Does your child have any allergies or chronic illness? Yes / NO

If YES, please give details

\_\_\_\_\_

I, \_\_\_\_\_ parent of \_\_\_\_\_ Class & Section \_\_\_\_\_ do hereby give my consent to pick/drop my ward from the point \_\_\_\_\_ Route No \_\_\_\_\_ on a daily basis. I also declare that DIS-23 will not be held responsible for any adversity in any case whatsoever.

However, all important precautions and measures will be taken care by DIS.

Parent's Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Delhi International School, Sector-23, Dwarka**  
**INDEMNITY FORM**

This indemnity form must be duly signed for walker students. Please return this signed form by 7<sup>th</sup> July 2023.

Name of the child : \_\_\_\_\_ Class Section : \_\_\_\_\_

Admission No : \_\_\_\_\_

The following information is required in the event of your child needing medical assistance:

Does your child have any allergies or chronic illness? Yes / NO

If YES, please give details

\_\_\_\_\_

I, \_\_\_\_\_ parent of \_\_\_\_\_ Class & Section \_\_\_\_\_ do hereby give my consent to allow my ward to be a walker to and from the School (DIS, Sector-23) on a daily basis. I also declare that DIS-23 will not be held responsible for any adversity in any case whatsoever.

Parent's Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



**Delhi International School, Sector-23, Dwarka**  
**INDEMNITY FORM**

This indemnity form must be duly signed for walker students. Please return this signed form by 7<sup>th</sup> July 2023.

Name of the child : \_\_\_\_\_ Class Section : \_\_\_\_\_

Admission No : \_\_\_\_\_

The following information is required in the event of your child needing medical assistance:

Does your child have any allergies or chronic illness? Yes / NO

If YES, please give details

\_\_\_\_\_

I, \_\_\_\_\_ parent of \_\_\_\_\_ Class & Section \_\_\_\_\_ do hereby give my consent to allow my ward to be a walker to and from the School (DIS, Sector-23) on a daily basis. I also declare that DIS-23 will not be held responsible for any adversity in any case whatsoever.

Parent's Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

