**Dear Parent/Guardian**,

The British Council upholds a **Child Protection Policy** which seeks to protect all children under the age of majority. In this respect, if your child is **under 18years** of age, your signature is required to approve him/her sitting their **Cambridge International Examinations** at the British Council, South Africa.

The British Council venue staff is responsible for the supervision of your child inside the examination venue only for the duration of the exam. It is therefore your duty as parent/guardian to ensure the safe arrival to and departure from the examination venue as per the time indicated on the timetable.

If your child has special needs, kindly inform the British Council prior to the examination as we can only assist in access arrangements for the duration of the exam if we have been informed in writing and have time to make the necessary preparations.

We ask that you sign and return the indemnity slip below to the British Council office.

Regards,

**British Council**

**Examination Services Department**.

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I……………………………………being the **parent/guardian** of………………………………… who is sitting for **his/her** **Cambridge International Examinations session**, agree that my child takes these examinations with the British Council South Africa, under the British Council venue staff supervision.

I understand that the British Council will supervise my child at the examination venue only for the duration of the exam, and that it is my responsibility to ensure that my **son/daughter** arrives and departs from the venue safely at the indicated time.

I understand that the British Council will not be held liable for any accidents if I do not comply i.e. I do not collect my child at the stated pick up time.

Should your child be suffering from an illness during the exams period, the British Council will immediately contact you.

 I understand that the British Council is only able to arrange any special arrangements my child may need during the examination upon written request prior to the examination date.

**Signature……………………………………… Date………………**

**Contact Number……………………………..**