



International School Moshi

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Kilimanjaro Marathon Student Permission Slip

Name of Student:	Tutor Group / Class:
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I hereby give my permission for this student to participate in the **2009 Kilimanjaro Half Marathon / 5km Fun Run** (*delete as appropriate*).

I understand that while every effort will be made to ensure the safety and health of students during the event, the School cannot accept responsibility for injury or ill-health either during or after the run. I understand that it may be necessary for the accompanying staff to administer first aid or basic medication to my child in the event of illness or severe discomfort, or to seek medical assistance from a professionally qualified person. I undertake to inform the staff member leading the event of any illness which my child may suffer from before the run, or of any dietary restrictions, or of any reason which may affect my child's ability to participate in certain activities during the event. I will advise the trip leader of any medication which my child will take with them and the prescribed dosage.

The Marathon / Fun Run Supervisor should be aware of this illness or difficulty:	
My child has recently taken the following medication:	My child will be carrying these medicines with him/her during the run (state dosage):

I understand that the School cannot be held responsible for any loss of or damage to my child's property during the event and that insurance in the event of any illness, injury, loss or damage to property is my own responsibility.

Signature of parent / guardian:	Date:
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