

**County Donegal Education and Training Board**

**Coláiste Cranncha**

**Crana College**

**School Lunch Period Insurance Indemnity**

**2020-2025**

*This is to acknowledge that we, the undersigned Parent(s)/Guardian(s) of the child/children whose names are entered below, have requested the Principal of Crana College situated in Bunrana to allow the said child/children to leave the school and to remain outside the school boundaries during whole or portion of the lunch period.*

*We absolve and release the County Donegal ETB from all claims that may arise out of any incident that may be suffered by the said child/children outside Crana College boundaries during the lunch period. We have read and accept the school's Code of Behaviour and we are aware of the school's right to investigate incidents that occur outside the school boundaries.*

*We accept full responsibility for the behaviour and actions of the said child/children when they are outside Crana College boundaries at lunchtime.*

Child/Children's Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2018.

SIGNED: 1. \_\_\_\_\_  
Parent/Guardian

2. \_\_\_\_\_  
Parent/Guardian