



Wendy's Play & Pre-School

8 & 10 Hofsanger Ave, Randpark Ridge, Ext 5

PO Box 44260 / Linden / 2104

☎ 011 793 6236 ☎ 082 781 4082

wendysplayschool@b2einternet.co.za

SCHOOL & AFTERCARE INDEMNITY FORM

No. Ind 02/2013

I, _____, THE

(FULL NAME & SURNAME)

PARENT / LEGAL GUARDIAN OF _____

(CHILD'S NAME AND SURNAME)

Hereby grant permission for him/her to participate in all the activities of Wendy's Play and Preschool including sports, games plus any other activities which may arise out of school or in connection with the school day, Aftercare in the morning or afternoon.

I, _____ am also granting permission for _____ to be escorted on foot off Number 8 or 10 Hofsanger Road in the event deemed an emergency.

I accept that all reasonable precautions will be taken to ensure the safety of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained at the playschool or while moving between the 2 properties next door to each other.

I therefore undertake on behalf of myself, my Executors, my wife/husband and my child aforesaid to indemnify and absolve the Principal, helpers, workers, students and/or staff of Wendy's Playschool against and from any/or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of any such activities.

I cede my powers as parent/guardian to the principal of the school or representatives should medical treatment/surgery be deemed necessary for my child. As far as I know he/she is in good health.

The person/s responsible should note the following: (Please state all aspects that the teaching staff should be aware of, eg: allergies, abnormal bleeding, epilepsy, bee sting reactions. etc)

The following information is essential in case of emergency medical treatment or hospitalisation:

A. Name of Employer _____

B. Address of Employer _____

C. Medical Aid Fund

Name of Medical Aid Fund _____

Membership number _____

Initials of member _____

D. Family Doctor

Name of Doctor _____

Telephone number _____

Practice number _____

Cellphone number _____

Practice Address _____

E. Residential address of Parent/Guardian _____

F. Contact Numbers

Mother Home _____

Father Home _____

Mother Cell _____

Father Cell _____

Mother Work _____

Father Work _____

G. Emergency Contact

Name _____

Number _____

This indemnity shall remain in force for the full duration of my child's enrolment at Wendy's Playschool, Aftercare and/or Holiday Care. I further undertake to furnish the school immediately with the relevant information should any of the above or any other details alter.

Signed at _____ this _____ day of _____ 20____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

WITNESS 1 _____

WITNESS 2 _____