



## School and Aftercare Indemnity Form 2026

*Please fill in all greyed blocks*

I,	(Full name and surname)				
The parent / legal guardian of	(Full name and surname)		DOB		
<p>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.</p>					
I,	am also granting permission for				
to be escorted on foot off Number 8 or 10 Hofsanger Avenue in the event deemed an emergency.					
<p>I accept that all reasonable precautions will be taken to ensure the safety of my child and that I will be responsible for the payment of any medical and/or hospital accounts, where applicable, should an injury be sustained at Wendy's Preschool or while moving between the two adjacent properties.</p> <p>I therefore undertake, on behalf of myself, my spouse, my executors, and my child, to indemnify and hold harmless the Principal, staff, helpers, students, and/or workers of Wendy's Preschool against any and all claims that may arise in connection with any loss or damage to property, or injury to my child, during the course of any school-related activities.</p> <p>I further cede my rights as parent/guardian to the Principal or their appointed representative to consent to medical treatment or surgery should it be deemed necessary. To the best of my knowledge, my child is in good health.</p>					
<p>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)</p> <p><b>State:</b></p>					
<b>Person fetching</b> other than parents	<b>Name:</b>		<b>Extra Contact</b> other than parents, in case of <b>emergency</b>	<b>Name:</b>	
	<b>Tel No:</b>			<b>Tel No:</b>	
<b>Person fetching</b> other than parents	<b>Name:</b>		<b>Extra Contact</b> other than parents, in case of <b>emergency</b>	<b>Name:</b>	
	<b>Tel No</b>			<b>Tel No:</b>	
<b>Medical Aid Fund</b>			<b>Family Doctor</b>		
Name of Medical Aid Fund			Name of Doctor		
Membership number			Telephone number		
Initials of member			Practice Address		
<b>Mother / Guardian Details</b>			<b>Father / Guardian Details</b>		
Name & Surname			Name & Surname		
Cell Number			Cell Number		
Home Tel Number			Home Tel Number		
Work Tel Number			Work Tel Number		
Email			Email		
Occupation			Occupation		
I.D Number			I.D Number		
Mother's Address			Father's Address		
Work Address			Work Address		
<b>Media and Photography Permission:</b>					
I hereby give permission to Wendy's Play and Preschool to use photographs of my child on the school's official website, social media platforms, and class WhatsApp groups for the purpose of sharing and celebrating school activities and events, such as Love Day, Sports Day, Spring Day, and other general class or school events.					
This indemnity shall remain in full force and effect for the entire duration of my child's enrolment at Wendy's Play and Preschool, including Aftercare and/or Holiday Care. I further undertake to inform the school immediately should any of the above information, or any other relevant details, change.					
Signed at		day		month	Year
Signature of Father		Signature of Mother			



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