



School and Aftercare Indemnity Form 2021

Please fill in all greyed blocks

I, (Full name and surname)

The parent / legal guardian of (Full name and surname) DOB (Full name and surname)

hereby grant permission for him/her to participate in all the activities of Randpark Christian Academy 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, (Full name and surname) am also granting permission for (Full name and surname)

to be escorted on foot off Number 8 or 10 Hofsanger Avenue 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 school 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 Owner, Principal, helpers, workers, students and/or staff of Randpark Christian Academy 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)

State: (State)

Person fetching other than parents	Name: (Name)	Extra Contact other than parents, in case of emergency	Name: (Name)
	Tel No: (Tel No)		Tel No: (Tel No)
Person fetching other than parents	Name: (Name)	Extra Contact other than parents, in case of emergency	Name: (Name)
	Tel No (Tel No)		Tel No: (Tel No)
Medical Aid Fund		Family Doctor	
Name of Medical Aid Fund (Name)		Name of Doctor (Name)	
Membership number (Membership number)		Telephone number (Telephone number)	
Initials of member (Initials)		Practice Address (Practice Address)	

Mother / Guardian Details	
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	(Mother's Address)
Work Address	(Work Address)

Father / Guardian Details	
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)
Father's Address	(Father's Address)
Work Address	(Work Address)

Website/Communicator
I hereby give permission to Randpark Christian Academy to post photos of my child on the school's website or communicator of any fun and exciting days or events the school offers eg. Valentine's day, Sports day, Spring day, General class events, etc.

This indemnity shall remain in force for the full duration of my child's enrolment at Randpark Christian Academy, 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	(Signed at)	day	(day)	month	(month)	Year	(Year)
Signature of Father	(Signature of Father)			Signature of Mother	(Signature of Mother)		