

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	
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 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 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)			
State:			

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

Mother / Guardian Details	
Name & Surname	
Cell Number	
Home Tel Number	
Work Tel Number	
Email	
Occupation	
I.D Number	
Mother's Address	
Work Address	

Father / Guardian Details	
Name & Surname	
Cell Number	
Home Tel Number	
Work Tel Number	
Email	
Occupation	
I.D Number	
Father's Address	
Work Address	

Website/Communicator I hereby give permission to Wendy's Playschool to post photo's 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, Springday, General class events, etc.

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		day		month		Year	
Signature of Father				Signature of Mother			