



School and Aftercare Indemnity Form 2023

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 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.</p>							
I,	am also granting permission for						
to be escorted on foot off Numbers 6, 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 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 3 properties next door to each other.</p> <p>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.</p> <p>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.</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>State:</p>							
Person fetching other than parents	Name:			Extra Contact other than parents, in case of emergency		Name:	
	Tel No:			Name:		Tel No:	
Person fetching other than parents	Name:			Extra Contact other than parents, in case of emergency		Name:	
	Tel No			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				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			
Mother'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, social media and class whatsapp groups of any fun and exciting days or events the school offers eg. Love 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			day		month		Year
Signature of Father			Signature of Mother				