

IRENE PRE-PRIMARY SCHOOL

INDEMNITY FORM

(this form is a pre-requisite for admission to Irene Pre-Primary)

I, _____ Id no: _____ parent/guardian of _____

_____, ID No: _____

1. I hereby give consent for my child to take part in any Academic, Cultural, Games, Excursions or Activities offered at Irene Pre-Primary School while a pupil of this school. These include:
 - a. Occasional walks in the vicinity of the school and
 - b. Organized outings as indicated on specific outing slips.

2. I hereby indemnify and absolve Irene Pre-Primary School and its members of staff from any claim/s whatsoever which may arise from any loss or damage to property or injury to the person of my child on or off the playground in or outside a classroom in the course of my child's participation in the program offered by Irene Pre-Primary School.

3. I, in turn expect Irene Pre-Primary and members of staff to take all necessary steps and reasonable precautions for the safety and welfare of my child while on the school premises. In the event of injury I hereby consent for the appropriate treatment to be administered.

4. However, the person/s responsible should please note the following please specify ANY health related issues (allergies, abnormal bleeding, epilepsy etc)). _____

5. The following information is essential in case of emergency medical treatment or hospitalization:
 - a. Name and address of Employer _____
 - b. Name of Medical Aid Fund: _____ Membership No: _____
 - c. Force No (Permanent Force; SA Police etc): _____
 - d. Children not covered by the above will be treated at a Government Hospital if necessary

Residential Address of Parent/ Guardian: _____

Name of Father: _____ Tel: _____ Cell: _____

Name of Mother: _____ Tel: _____ Cell: _____

Name of relative: _____ Tel: _____ Cell: _____

Signature of Parent/Guardian

Date of Signature