



# Indemnity and waiver form

At Kiddies Place principal (Karin Grunwald) and staff are **committed** to take **every precaution** in providing a **safe and secure environment**. The **care and education** of your precious children are of **utmost importance** to us. Should an unlikely event of any situation occur that is beyond the control of the principal and staff it will be necessary for parents to complete and sign the indemnity form in order for your child's registration to be completed.

1. I, (full name and surname of both parents) Mother \_\_\_\_\_ and Father \_\_\_\_\_ hereby indemnify, hold harmless and absolve the principal and staff of Kiddies Place. The parent/guardian of (full name and surname of pupil) \_\_\_\_\_ hereby acknowledge that Kiddies Place and its employees are exempted from any liabilities which may arise from harm sustained by my child while on the school premises.
2. If illness or injuries should occur the onus is on you the parent/guardian to fetch your child from Kiddies Place immediately.
3. I accept that I am responsible for the payment of all medical and/or all hospital accounts related to such injuries or illness.
4. The principal and staff will take no responsibility for any loss or damage of accessories that come to Kiddies Place.
5. I cede my powers as parent/guardian to the principal of the school or other representatives should medical treatment of any nature including surgery be necessary for my child.
6. Principal and staff at Kiddies Place – 287 Frandaph Drive, Mondeor, I cede powers as parent/guardian. I the parent/guardian agree upon all of the above for the duration of my child's schooling at Kiddies Place.



However the persons responsible should please note the following:

(Please state aspects that the teacher/staff should be aware of e.g. allergies, tendency to abnormal bleeding, epilepsy, blood type or anything that may be of help in the event of an emergency etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Very important:** If in an emergency, again I would like to stress the point that onus is on you to respond fast and get your child the care and treatment that is needed. However, should we be unable to contact you the parent/guardian, we the principal/staff will be authorised to do so on your behalf. Notwithstanding the above provisions, approval of this notification of indemnity does not in any way remove or deny the student or parent/guardian of the above agreement.

### Physical development and health

Illness your child has had (draw a cross in the space provided):

- Measles                       Chickenpox                       Mumps                       Scarlet Fever
- Other: \_\_\_\_\_

Your child's blood type: \_\_\_\_\_

Does your child have any of the following (draw a cross)  Asthma  Epilepsy

Allergies: \_\_\_\_\_

Please state the typical reaction and treatment for the allergy: \_\_\_\_\_

\_\_\_\_\_



Chronic illness: \_\_\_\_\_

Treatment for chronic illness: \_\_\_\_\_



**In case of medical treatment required:**

Name of Medical Aid: \_\_\_\_\_

Membership number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Tel nr: \_\_\_\_\_

Name and contact number of friend or family member that can be contacted if you are not available.

Name and surname: \_\_\_\_\_ Tel nr: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Work nr: \_\_\_\_\_

If you do not belong to a Medical Aid, please complete the following:

Occupation: \_\_\_\_\_

Monthly gross income - Father/guardian: \_\_\_\_\_

Mother/guardian: \_\_\_\_\_

Number of dependants (mother included): \_\_\_\_\_

Age of dependants (excluding mother): \_\_\_\_\_

\_\_\_\_\_



DETAILS REQUIRED	HUSBAND	WIFE	GUARDIAN
Name of employer			
Residential address			
Postal address			
Identity number			
Telephone number			
Home number			
Cell phone number			

Both parents jointly and severally indemnify the school and its employees and we the parent/guardian agents (from whom it may be found to be vicariously liable) against any claim of the pupil in respect of the event in question for the duration of schooling of your child at Kiddies Place. I parent/guardian agree to ALL of the above.

Mother/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_