

From Playing To EINSTEIN Preschool

LETTER OF CONSENT AND INDEMNIFICATION

I, _____, ID No. _____,

the Parent / Legal Guardian of _____,

ID No. _____ do hereby grant permission for the aforesaid child's

participation in the various events, activities and excursions which may be organized or conducted by the

From Playing To EINSTEIN Preschool whilst the child is enrolled as a full-time scholar or day visitor at From Playing To EINSTEIN Preschool

1.1. In the event that the said child may require urgent medical attention whilst at From Playing To EINSTEIN Preschool premises, under their supervision or otherwise participating in any activity as aforesaid and only in the event that I, or another Parent / Legal Guardian of the child, cannot be contacted; I hereby delegate my authority as Parent / Legal Guardian of the said child to the duly authorized representatives of the From Playing To EINSTEIN Preschool to take any reasonable steps which may be required of a Parent / Legal Guardian in obtaining such medical treatment for the said child as may be necessary in the circumstances.

1.2. I am aware that I will be liable for any and all medical costs occasioned by the medical treatment of the said child as aforesaid.

2. While I waive any claim which I may otherwise have had against the From Playing To EINSTEIN Preschool, its agents, servants and employees in respect of any loss of or damage to property or any injury or illness which the said child may incur or suffer whilst enrolled or visiting From Playing To EINSTEIN Preschool, excluding where loss is attributable to From Playing To EINSTEIN Preschool gross negligence; the From Playing To EINSTEIN Preschool, its agents, servants and employees are not relieved of any of their obligations or responsibilities and shall at all times act responsibly towards and make every effort to ensure the well being of the said child while in their care and during those times specified in the 'Rules and Regulations'.

3. The said child suffers from the following ailments which I am aware:

4. The said child has the following special needs which I am aware:

SIGNED AT JHB ON THIS _____ DAY OF _____ 20____

PARENT / LEGAL GUARDIAN

TELEPHONE NUMBERS:

(HOME) _____

(CELL) _____

(WORK) _____

(ALTERNATIVE NUMBER) _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS:

(HOME)

(WORK)

POSTAL ADDRESS:

Medical Aid: _____ **Number:** _____

Main member: _____

A copy of your medical aid card and your child's Immunization card must please be attached.