



Little Montessori

Parkview

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INDEMNITY FORM

- 1) While every care will be taken, the school and its staff will not be held responsible for any injuries or sickness suffered by your child while at the school.
- 2) The school and its staff will not be held responsible for medical or any other expenses incurred through injuries received while at the school.
- 3) The undersigned, as the parents or guardians, authorise our child to receive any necessary medical attention needed in the case of an emergency. Your child will be taken to the Milpark Hospital if this is the case.
- 4) I authorise that as the parents of our child, allow the school to administer pain medication if necessary at the correct dosage according to age.

PLEASE SUPPLY MEDICAL AID DETAILS BELLOW:

MEDICAL AID SCHEME: _____

PRINCIPAL MEMBER: _____ NUMBER: _____

FAMILY DOCTOR: _____ TEL: _____

KNOWN ALLERGIES: _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

NEXT OF KIN: _____

MOTHER'S NAME:
(IN FULL) _____ SIGNATURE: _____

FATHER'S NAME
(IN FULL) _____ SIGNATURE: _____