

Vygotksy School of Play

12 Kokerboom Crescent

St Dumas

Kuils River

7580

Tel: 0788131792

0766665081

ACCIDENT INDEMNITY FORM

I _____ being the parent/guardian

of _____

(Name of parent/guardian) (Name of child)

Will not hold Vygotksy School of Play and its staff members or any person associated to the Centre responsible for any injuries, harm or damages to their possessions, that my child/ren, any person collecting or delivering or accompanying my child/ren and I may suffer, whether on the Centre's premises, an excursion with the Centre or using the Centre's equipment or facilities.

1. _____

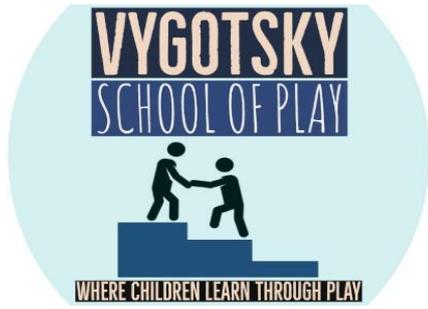
Signature

(Name printed)

2. _____

Signature

(Name printed)



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Medical Form

Name of child: _____

Date of birth: _____

Family Doctor's name: _____

Contact no: _____

FAMILY HISTORY (Please state any allergies, other medical problems).

Mother:

Father:

Siblings:

PERSONAL HISTORY

Confinement – (any problems during pregnancy or at birth):

Has your child been immunised?

If NO, please state immunisations taken:

Previous illness:

Allergies:

YES

NO

Disability:

Other:

1.

Signature

(Name printed)

2.

Signature

(Name printed)