



Vygotksy School of Play

12 Kokerboom Crescent

St Dumas

Kuils River

7580

Tel: 0788131792

0766665081

ACCIDENT INDEMNITY FORM 2024

I _____ being the parent/guardian

of _____

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

Will not hold the _____ (name of ECD Centre),
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)