



# Fleming

Pre-primary Centre

5 Abercorn Avenue South, Craighall Park, 2196  
flemingps@iafrica.com | www.flemingpreprimary.co.za  
Tel: 011 327-0083

## Indemnity Form – Fleming Pre-Primary and After-Care

**NAME OF PUPIL:** \_\_\_\_\_

We, the Father/Guardian and Mother/Guardian, hereby agree that while the teacher/s in charge of the Fleming Pre-primary Centre will care for my/our child to the best of her/their ability, neither they, nor any persons connected to the Fleming Pre-primary Centre, will accept any liability for claims arising from any accident or injury happening to my/our child/children while he/she/they, is/are participating in school activities.

Furthermore, I hereby give permission to the Principal of the school and the Class Teacher/Staff Members to take my child/children on any outing during this year which may enrich his/her learning experiences at school.

I will undertake (should I be able to) when called upon, to join these groups as I realise that young children need individual care on such outings.

I hereby give the Principal and/or Teachers my permission to take appropriate medical action if, in the event of my child being hurt or taken ill at Fleming Pre-primary Centre, the school is unable to contact me.

SIGNED AT \_\_\_\_\_ ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_

**MOTHER / GUARDIAN**

As Witness

1. \_\_\_\_\_

\_\_\_\_\_

**FATHER / GUARDIAN**

As Witness

1. \_\_\_\_\_

