



Fleming

Early Learning Centre

62A Buckingham Avenue, Craighall Park, 2196
flemingelc@mweb.co.za | www.flemingpreprimary.co.za
Tel: 011 327-0083

Indemnity Form – Fleming Early Learning Centre

NAME OF PUPIL: _____

We, the Father/Guardian and Mother/Guardian, hereby agree that while the teacher/s in charge of the Fleming Early Learning Centre will care for my/our child to the best of her/their ability, neither they, nor any persons connected to the Fleming Early Learning 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.

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 Early Learning 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. _____

