



The Willows School
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Bordeaux 2194
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INDEMNITY FORM FOR CASUAL VISITORS

TO BE SIGNED BY A PARENT OR GUARDIAN

1. I/we consent to my child visiting The Willows and taking part in the school activities.
2. I/We understand that the school or its owners cannot be held responsible in any way for any injury or sickness suffered by a child while at the school or in the care of the school representative.
3. I/we hereby accept that the School cannot be held responsible for medical, or any other expenses incurred through injuries received while at the school or in the care of a school representative.
4. I/we hereby authorise that my child receives the necessary medical attention in case of an emergency

Name of Child :

Name of Private doctor :.....

Phone number :.....

Address of practice: :.....

Medical Aid & Membership #:.....

Emergency contact person & #:.....

5. **I/we understand and accept the conditions laid out above.**

Signature of parent/guardian:	
Print name:	
Date:	
Date of visit:	