



Grade R / 1 2020 Screening Indemnity Form

I, **Parent/Guardian/Caregiver** of _____
(FULL NAMES AND SURNAME OF **CHILD**)

hereby give permission that he/she may participate in the Grade R / 1 Screening activities. I am aware of the risks to which my child can or may be exposed. I agree that my child may participate in all activities entirely at his/her risk, subject to the following conditions:

1. The persons responsible for him/her will do everything in their power to ensure the safety of my child.
2. My child will obey the rules and authority of PEPPS.
3. I will not hold the school responsible should anything happen to my child whilst he/she is involved in activities on the school premises.
4. In circumstances where activities are unlawful or unauthorised by the school, PEPPS cannot be held liable.
5. PEPPS Staff will not be held accountable for loss or damage to personal property / equipment which may occur on school premises.

To the best of my knowledge he/she is in good health. However, I would appreciate it if the person responsible will note the following:

(Mention here any weakness or deviation from which your child is suffering, **Eg. Asthma, Epilepsy, Sinusitis, Diabetes, Allergies**, and/or name any special activity or form of recreation in which your child may not participate).

SIGNED:

Parent / Guardian / Caregiver

Date

Full Name of Parent / Guardian / Caregiver

ID No of Parent / Guardian

ADDRESS:

IMPORTANT NUMBERS

Cellular Number – Parent / Guardian / Caregiver

Name of Emergency Contact

Emergency Contact Number