

**THEODOR HERZL PRE-PRIMARY INDEMNITY/MEDICAL FORM - An individual form to be completed for each child.**

*Parents/ Guardians are responsible/liable for the updating of the following information on their child for the duration of their schooling at Theodor Herzl Pre-Primary*

In the event of an accident involving your child on the Theodor Herzl Pre-Primary School premises, or school related activities whilst off the premises, it will be at the discretion of the Principal/Acting Principal, to seek further medical assistance should we deem it immediately necessary/or should we not be able to contact you or the minders timeously to act independently of our own accord.

**1. Child's Details**

NAME .....DATE OF BIRTH.....  
KNOWN ALLERGIES/COMPLICATIONS .....

**2. Parent's Details**

FATHER: NAME: ..... WORK TEL: ..... CELL: .....  
MOTHER: NAME: ..... WORK TEL: ..... CELL: .....  
GUARDIAN: NAME: ..... WORK TEL: ..... CELL: .....  
FRIEND: NAME: ..... WORK TEL: ..... CELL: .....

**3. Medical Aid Details**

NAME OF MEDICAL AID: .....  
NAME OF HOSPITAL PLAN: .....  
SPECIFIC POLICY HELD: .....  
MAIN MEMBER: .....  
MEDICAL AID NUMBER: .....

***PLEASE SUPPLY A COPY OF THE MEDICAL AID CARD/HOSPITAL PLAN COVER***

**4. In the event of a Medical Emergency and we believe immediate attention is necessary, please complete the following:**

Parent/Guardian's choice of: a) Hospital (casualty) .....  
b) Hospital Option 2 .....  
c) Paediatrician .....  
d) General Practitioner .....  
e) Other criteria .....

**NB: Should your benefits be exhausted at the time of medical assistance for your child, the parents/guardians will be liable for full payment of services rendered.**

We, the staff at Theodor Herzl Pre-Primary School, will adhere to the above requisites to the very best of our ability.

I, ....., parent of .....  
Agree and give my consent to the above medical indemnity form.

**Parent Signature** ..... **Date** .....  
Name in full .....  
Relationship to child .....

**Witness Signature**..... **Date** .....  
Name in full .....