



## **EMERGENCY FORM**

Surname : \_\_\_\_\_

First names : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

### **TELEPHONE NUMBERS**

Mother's name: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Father's name: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Home address: \_\_\_\_\_

Two other people who can be contacted in case of an emergency:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **MEDICAL DETAILS**

Family Doctor : \_\_\_\_\_ Tel: \_\_\_\_\_

Address of rooms: \_\_\_\_\_

Paediatrician : \_\_\_\_\_ Tel : \_\_\_\_\_

Any allergies: \_\_\_\_\_

Other details: \_\_\_\_\_

This is to certify that I 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 Cleverdon Preschool, and if the school is unable to contact me.

Signature of parents: Mother \_\_\_\_\_

Father \_\_\_\_\_



**INDEMNITY**

I, the undersigned (please print)

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being the Father/Mother and natural guardian of (please print)

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do hereby indemnify and hold harmless the Cleverdon Preschool and/or any of its constituent members and/or any of its Staff members against all claims for damages at the instance of myself or my said child/children arising out of any injury or loss sustained by reason of the use of the School's premises or equipment or as a result of anything not maliciously done or omitted by the said school or any of its constituent members or any Staff members during such time as my said child/children or any of them attend the school as a pupil.

I 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 Cleverdon Preschool, the school is unable to contact me.

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

SIGNED \_\_\_\_\_

AS WITNESS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ TEL : \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

IF YOU DO NOT HAVE A FAMILY DOCTOR, PLEASE SIGN THE PERMISSION FORM FOR THE SCHOOL TO TAKE APPROPRIATE ACTION.