



CAMBRIDGE AFTERCARE INDEMNITY FORM 2017



Full name of student

I.D. No:

We, the father/ mother/ guardian of the child mentioned above, hereby agree:

1. To accept and abide by all terms and conditions governing Cambridge Aftercare, with which I declare myself fully acquainted.
2. That while the person in charge of Cambridge Aftercare will care for my child to the best of their ability, neither they nor any person connected to Cambridge Aftercare, will accept any liability for any claims arising from any accident or injury incurred whilst in the care or on the premises of Cambridge Aftercare.
3. I cede my powers as parent to the Principal of Cambridge Academy or his Representative should medical treatment/surgery be deemed necessary for my child. As far as I am aware he/she is physically capable of participating in the activities and he/she is in good health.

Allergies	
Activities from which child is to be excluded	
Special Medication	
Medical Conditions	

INFORMATION REQUIRED IN CASE OF A MEDICAL OR HOSPITAL TREATMENT:

Name and address of Employer:

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Name of Medical Aid: Number:

Telephone Number: Work Home:

Cell:

.....
Signature of Parent/Guardian

.....
Date

.....
I.D. Number