



NEW BEGINNINGS FOR KIDS WITH SPECIAL NEEDS

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Reg no: 2011/109421/08 • NPO Reg: 2011/109421/08

INDEMNITY FORM

I, the undersigned,

..... (Full names)

being the father/mother/guardian of

..... (Full name of child)

hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Leolan Academy.

1. I hereby waive all claims I may have against Leolan academy, its owner or staff arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify the School against all such claims.
2. I hereby authorise Leolan Academy to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall be held responsible for the payment of medical and/or hospital accounts arising from treatment.
3. I hereby give permission for the transportation of said child in the school's vehicle for abovementioned purposes, school and home runs where applicable, study trips and other outings arranged during the course of the school year.

.....
Signature of parent or legal guardian

.....
Date