

**Physical Address:**

Cnr Woodlands Drive and  
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Pinehurst  
DURBANVILLE  
7550



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**Postal Address:**

PO Box 2220  
DURBANVILLE  
7551

**PERMISSION AND INDEMNITY FORM**

...../...../20.....

I, the undersigned

.....  
(FULL NAME AND SURNAME)

Of

.....  
(STREET ADDRESS)

Being the parent / guardian of

.....  
(FULL NAME AND SURNAME OF CHILD)

with the necessary legal authority do hereby:

- consent to the administration of any immunization and medical treatment, which is extended to include emergency medical treatment should the Circle of Life Edu-care be unable to contact the designated emergency contact.
- agree that, if in the opinion of the Director or staff member of the Circle of Life Edu-care, medical treatment is deemed necessary for my child, the Director or staff member shall have the authority to remit my child to the

\_\_\_\_\_being the closest medical facility in the surrounds, for the necessary treatment, the cost of which I acknowledge I will be responsible for.

- give permission for my child to participate, under the supervision of the Circle of Life Edu-care, in any/all day to day activities on the premises, which shall include but is not limited to extra mural activities they are signed up for, as well as all excursions while he/she remains a student at the Circle of Life Edu-care.
  
- **accept that the Circle of Life Edu-care and its staff will take all reasonable precautions to ensure the safety of my child while in its care. I hereby indemnify and hold the Circle of Life Edu-care, its Director and staff harmless against loss, damage or injury sustained by my child and/or my property howsoever caused, unless the aforementioned loss, injury or damage is attributed to the gross negligence of the Circle of Life Edu-care.**

.....

Parent / Guardian Full Name

.....

Parent / Guardian Signature

.....

Date