



# ONS EIE KLEUTERSKOOOL NURSERY SCHOOL "ONS EIE"



## Indemnity

(This indemnity should be signed by both parents / guardians where applicable)

I/We (full names and surname)

MR \_\_\_\_\_

MRS \_\_\_\_\_

Parents/Guardians of (full name and surname of my child) (one form per child)

\_\_\_\_\_

1. accept that all necessary precautions will be taken regarding the health, safety, and well-being of our child. The School, Owner, Principal, Management and Staff of **NURSERY SCHOOL "ONS EIE"** will not be held responsible or be liable whatsoever, for any injury/ unforeseen events/ infection of any disease or condition that our child may develop.
2. accept full responsibility for the payment of medical bills and transfer our powers as parents to the aforementioned school management if medical treatment may be urgently needed.
3. as far as I/we know, our child is in good health.
4. have read and understand the Health and Safety measures implemented by the school and I/We are comfortable with the measures that have been implemented. I/We also understand my accountability as a parent towards the school's community.

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Parent / Guardian 1 Signature: \_\_\_\_\_

Parent / Guardian 1 Name in Print \_\_\_\_\_

Parent / Guardian 2 Signature: \_\_\_\_\_

Parent / Guardian 2 Name in Print \_\_\_\_\_