



WEMBLEY COLLEGE



INDEMNITY & CONSENT

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I, _____ ID _____, parent of
(full name and surname of parent)

_____ ID _____
(full name and surname of child)

hereby give my consent for my child/ward to participate in all the organized activities of Wembley College.

I delegate all my powers as parent/guardian to the responsible teacher and/or coach in case any emergency may occur. To my knowledge, my child/ward is in a good state of health, and if not, I will notify the responsible teacher/coach.

As parent/guardian I would like to bring the following to your attention:
(List all information in regard to your child's health and/or any activities that he/she may not partake in)

Should medical/surgical treatment be required by my child/ward, I hereby give my consent to the representative of the above mentioned school to act on my behalf and in their discretion, obtain the best medical treatment available under the particular circumstance.

Parents/guardians are reminded that we recommend that they become part of the school's insurance at Alexander Forbes.

INFORMATION NEEDED IN CASE OF EMERGENCY

1. Name and address: Parents / Guardian

MOTHER

FATHER

2. Name and address of employer

MOTHER

TEL:

FATHER

TEL:

3. Name of medical aid and telephone numbers (Attach a copy of Card)

MOTHER

FATHER

4. Medical aid number

MOTHER

FATHER

5. ID numbers

MOTHER

FATHER

6. Employers numbers

MOTHER

FATHER

7. Home phone numbers (supply all codes)

MOTHER

CELL

FATHER

CELL

8. Name and phone numbers of relatives (eg. grandparents)

NAME

PHONE (W) **PHONE (H)**

CELL

RELATIONSHIP

NAME

PHONE (W) **PHONE (H)**

CELL

RELATIONSHIP
