



Busy B's Pre-School

36 Platkroon Street, Onverwacht, Lephale, 0557
Contact Number: 014 008 5262 Cell: 079 932 2648
Email: info@busybs.co.za Website: www.busybs.co.za
Company Registration Number: 2022/565030/07
Directors: JH Anders gJ BE Anders

LETTER OF CONSENT AND INDEMNIFICATION

I, _____, ID No. _____

the Parent / Legal Guardian of _____,

ID No. _____ do hereby grant permission for the aforesaid child's participation in the various events, swimming, activities, taking of photographs, publishing of photographs on social media, using photographs for marketing events and excursions which may be organized or conducted by Busy B's Pre-School.

1.

1.1 In the event that the said child may require urgent medical attention while at the Busy B's Pre-School, under their supervision or otherwise participating in any activity as aforesaid and only in the event that I, or another Parent / Legal Guardian of the child, cannot be contacted; I hereby delegate my authority as Parent / Legal Guardian of the said child to the duly authorized representatives of the Busy B's Pre-School to take any reasonable steps to which may be required of a Parent / Legal Guardian in obtaining such medical treatment for the said child as may be necessary in the circumstances.

1.2 I am aware that I will be liable for all medical costs occasioned by the medical treatment of the said child as aforesaid.

2.

While I waive any claim which I may otherwise have had against the Busy B's Pre-School its owners, and employees in respect of any loss of or damage to property or any injury or illness which the said child may incur or suffer during the course of their attendance at Busy B's Pre-School excluding where loss is attributable to Busy B's Pre-School's gross negligence; Busy B's Pre-School, its Owners, and employees are not relieved of any of their obligations or responsibilities and shall at all times act responsibly towards and make every effort to ensure the well-being of the said child while in their care and during those times specified in the 'Rules and Regulations'.

3.

The said child suffers from the following ailments / defects of which I am aware of:



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SIGNED AT _____ ON THE _____ OF _____ 20 _____

PARENT / LEGAL GUARDIAN

TELEPHONE NUMBERS:

(HOME) _____

(CELL) _____

(WORK) _____

(ALTERNATIVE NUMBER) _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS:

(HOME) _____

(WORK) _____

POSTAL ADDRESS:

Medical Aid: _____ Number _____

Main member: _____



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A copy of your medical aid card and your child's Immunization card must please be attached.