

# WEMBLEY COLLEGE

Private Bag X5606  
Greytown, KZN, 3250  
Tel: 033 413 2677 / 417 2180 (School)  
Tel: 033 413 2873 (Boarder Master)  
Tel: 033 417 2411 (Phone Booth)  
E-mail: admin@wembleycollege.co.za  
www.wembleycollege.co.za



## **INDEMNITY AND CONSENT** **BOARDING ESTABLISHMENT**

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I, \_\_\_\_\_ ID \_\_\_\_\_, parent of  
(full name and surname)

\_\_\_\_\_ ID \_\_\_\_\_  
(full name and surname)

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

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

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)

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Should medical/surgical treatment be required by my child/ren, 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 they can become part of the school's insurance at Alexander Forbes.

**Signature Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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**  
\_\_\_\_\_