



Indemnity Form 2011

Child's name: _____

Age: _____

Date of birth: _____

Immunizations: (Please supply a copy of immunization card)

Allergies:

Medications:

Father's name: _____

Mother's name: _____

Siblings: _____ (name and age)

Mother's no.'s: (H) _____

(W) _____

(C) _____

Father's no.'s: (H) _____

(W) _____

(C) _____

Email Address: _____

Marital status: _____ other: _____

Any circumstances I should be aware of:

Physical

Address: _____

Postal

Address: _____

Medical Aid

details: _____

Referring GP or Pediatrician:

(Name) _____

(Tell no.) _____

(Name) _____

(Tell no.) _____

Contact person other than parents: (Name) _____

(Relationship to child) _____

(No. / (c) _____

(h) _____

Please specify the people that may bring or fetch your child from
playgroup: _____

Birth Experience: (natural) / (caesarean)

Please

elaborate: _____

Did your child achieve milestones within the appropriate time frame?

Rolling: _____

Sitting: _____

Crawling: _____

Walking: _____

Talking: _____

Please elaborate: _____

Does your child have a comfort object? _____

How often is it used? _____

Please describe your child's sleeping patterns in detail:

Does your child have any fears?

Please describe a temper tantrum and what you find helps in dealing with it (if appropriate)

Please give any other information I should be aware of in terms of behavior:

Please share your child's special talents and what he/ she enjoy most.

Any special dietary requirements:

I (parent/guardian) _____ of (child's name) _____
agree that all the information given is appropriate and true. If there are amendments to be
made this will be done with immediate effect on my part.

(Date) _____

(Signature) _____