

KINGFISHER PRIVATE SCHOOL



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CONSENT FORM - 2027

1. I, (full name & surname) _____

the parent/guardian of _____

(full name & surname of learner), ID number of pupil _____

HEREBY GIVE PERMISSION FOR HIM/HER TO PARTICIPATE IN THE EXTRA-CURRICULAR ACTIVITIES OF THE SCHOOL AND TO GO ON EDUCATIONAL AND OTHER TOURS AND EXCURSIONS ARRANGED BY THE SCHOOL.

2. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.

3. I cede my powers as parent/guardian to the principal of the school, or his/her representative should medical treatment/surgery be deemed necessary for my child. As far as I know he/she is physically capable of participating in the above activities and he/she is in good health.

4. However, the persons responsible should please note the following:
(Please state aspects that the teaching staff should be aware of, eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

5. The following information is essential in case of medical treatment or hospitalisation:

5.1 Family Doctor's Name: _____ Tel. No.: _____

5.2 Name of Medical Aid: _____

5.3 Medical Aid Number: _____

5. I hereby also grant permission for my child to be photographed or recorded through any medium, and I have no objection to the publication of this material in any of the media. Please tick below:

YES

☐

NO

☐

7. Residential address of parent/guardian:

8. Emergency telephone numbers:

Father – Home: _____

Mother – Home: _____

Work: _____

Work: _____

Cellular: _____

Cellular: _____

9. Please attach a certified copy of your Medical Aid membership card (both sides) plus a certified copy of the Identity Document of the main member. This is only necessary if you are new to Kingfisher Private School or if your membership has changed.

10. If you do not belong to a Medical Aid, your child will have to be sent to a Provincial Hospital. Military patients must indicate this very clearly so that the patient can be sent to the correct hospital.

PARENT'S SIGNATURE

DATE