



INDEMNITY / PERMISSION

I,....., Parent / Guardian of
(Full Name and Surname of Parent / Guardian)

....., in Grade, hereby give
(Full Name and Surname of Learner)

permission for my child to participate in all school activities, which will include the following: Sport, Cultural, Tours/Excursions and Fun activities.

I accept that effort will be made to safeguard my child during activities. I, therefore indemnify **Midstream College / Midstream Ridge Primary School** against any litigation for any injury, illness or loss sustained during the above-mentioned activities.

I hereby give permission that photographs and videos may be taken of my child and used for publication purposes for the school.

SIGNED AT **ON THIS** **DAY OF**

SIGNATURE:

MEDICAL FORM
This form must be completed by the parent or guardian of the learner.

LEARNER DETAILS			
Learner's Full Name			
Learner's Date of Birth	YY-MM-DD	Grade	
Learner's Full ID No			
Brother/Sister's name		Grade	
Brother/Sister's name		Grade	
Father / Guardian Name		Mother / Guardian Name	
Address		Address	
Tel (H)		Tel (H)	
Tel (W)		Tel (W)	
Cell		Cell	

ALTERNATIVE CONTACT PERSON					
Full Name					
Relation to learner					
Tel (H)		Tel (W)		Cell	

MEDICAL AID DETAILS (Mark with X where applicable)							
No Medical Aid							
Medical Aid		Medical Insurance		Hospital Plan		Private	
Medical Aid				Fund Number			
Main Member				Option			
Family Doctor				Family Doctor Telephone No			

MEDICAL CONDITIONS		
Conditions	Treatment / Medicine Taken	Appropriate / Preventative action to be taken by the school

ALLERGIES	
Medical: (e.g. bee sting / paracetamol)	
Food: (e.g. nuts)	

GENERAL			
Can your child swim?	Yes	No	

SUPPORT Occupational therapy / Speech therapy / Psychologist / Remedial therapy / Other		
Date	Reason for referral	Therapist's name and contact number

Have you attached a clear copy of your medical aid card? (A clear copy of both the front and back of the medical aid card is required.)	
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