



LAERSKOOL
MIDSTREAM COLLEGE
PRIMARY

Tel: (012) 661-0590
Ashfordstraat 1 Ashford Street
8 Midstream Estate, 1692
Mnr / Mr Wouter Rothmann

LAERSKOOL
MIDSTREAM RIDGE
PRIMARY

Tel: (012) 940-9122
Ridgewaylaan 1 Ridgeway Avenue
8 Midstream Estate, 1692
Mnr / Mr Nico Loggenberg



INDEMNITY / PERMISSION

MS006E

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

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

hereby give 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 **Laerskool Midstream College Primary / Laerskool Midstream Ridge Primary** 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 (MOTHER): **(FATHER)**

To be signed by both biological parents or legal guardians.

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

ALTERNATIVE CONTACT PERSON

Full name					
Relation to learner					
Tel no (H)		Tel no (W)		Cell	

MEDICAL AID DETAILS

No Medical Aid					
Medical Aid		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	
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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? <i>(A clear copy of both the front and back of the medical aid card is required.)</i>	
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