

# F.P.T.E Kleuterskool / Preschool / After School Centre

## Consent Form - School Outings / Events

Name of Event / Outing:

Date of Event / Outing:

**\*\*\*Terms and Conditions:**

Although we endeavor to keep your child as safe and healthy as possible, From playing to Einstein Kleuterskool / Preschool does not accept any responsibility / liability for any illness / injuries or theft of any kind, whilst the child is under our supervision.

I/we, parent's of \_\_\_\_\_ accept the above terms and conditions and give our consent to attend the above mentioned event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DETAILS OF LEARNER:

SURNAME:

Initials:

First names:

(As shown on birth certificate)

Called name, if different to first name above:

### ADDRESS AND CONTACT DETAILS OF LEARNER:

Physical address:

Postal code:

Identity number:

Mother Cell:

SA Citizenship:

Yes

No

### MEDICAL DETAILS OF LEARNER

Doctor's Name:

Practice Phone no:

Cell no:

### EMERGENCY CONTACT (other than parents):

Name:

Relationship to learner:

### MEDICAL HISTORY OF LEARNER

Allergies:

Existing Medical Problems:

### MEDICAL AID DETAILS

Member's Name:

Cell no:

Membership no:

Tel. no: