



MEDICAL EMERGENCY INFORMATION AND INDEMNITY

LEARNER'S FULL NAME:			
LEARNER'S ID NUMBER:		GRADE:	

CONTACT DETAILS:

	1 st PARENT/GUARDIAN	2 nd PARENT/GUARDIAN	3 rd /ALTERNATE EMERGENCY CONTACT
NAME:			
CELL NO:			
WORK NO:			
HOME NO:			

MEDICAL AID DETAILS:

MEDICAL AID NAME	MEDICAL AID NUMBER	MAIN MEMBER NAME	MAIN MEMBER ID
NAME OF DOCTOR/GP:		TEL.NO.:	

MILD CONDITIONS: ALLERGY / ILLNESS / CONDITION	MEDICATION	DOSAGE	MEDICATION KEPT BY SCHOOL - WHERE?

SERIOUS / LIFE THREATENING CONDITIONS: ALLERGY / ILLNESS / CONDITION	MEDICATION	DOSAGE	MEDICATION KEPT BY SCHOOL - WHERE?

If your child suffers from a life-threatening condition/illness/allergy, a medical bracelet/necklace is compulsory.

MEDICAL BRACELET NUMBER:	MEDICAL BRACELET COMPANY:	MEDICAL BRACELET COMPANY TEL.NO.:

SIGNATURE PARENT/GUARDIAN:		DATE:	
----------------------------	--	-------	--



MEDICAL EMERGENCY INFORMATION AND INDEMNITY

I, the parent/guardian

PARENT/GUARDIAN FULL NAME:		ID. NO:	
----------------------------	--	---------	--

of

LEARNER FULL NAME:		ID. NO:	
--------------------	--	---------	--

hereby give consent for my child to participate in all academic, sport and cultural activities, tours and excursions presented by the school. I hereby fully indemnify THE KING'S SCHOOL ROBIN HILLS, its staff members, governing body and/or representatives against any claim with regards to loss or damage to property, injury, bodily harm, death or other form of harm caused to my child or to items in their possession, unless gross negligence can be proven against THE KING'S SCHOOL ROBIN HILLS.

In the event of any medical or surgical treatment being required in respect of my child, I hereby delegate my powers as parent/guardian to the Principal or representative of the school. As far as I know, he/she is physically able to participate in any organised activities and is in good health.

I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of all necessary medical treatment or hospital fees if enforced upon, in the case of an injury. This will only apply in the event of an emergency, where the parent/guardian cannot be reached telephonically to give the required medical instruction. I undertake to keep contact telephone numbers up to date on school records at all times.

I, by my signature below, acknowledge that I am the person entitled to provide this information and issue this indemnity in respect of the above child. Should it transpire that I am not the person responsible, I agree to hold myself liable to THE KING'S SCHOOL ROBIN HILLS for the financial consequences following from the granting of this indemnity and instruction by me.

I hereby declare that my child suffers from the following **pre-condition** and/or cannot use certain types of **medication**.

NONE	MILD ALLERGY/INTOLERANCE	LIFE THREATENING ALLERGY/CONDITION	OTHER – PLEASE SPECIFY

In the case of my child suffering from a life-threatening condition, I understand that it is compulsory for my child to wear a medical bracelet/necklace at all times. I hereby declare that the medical information provided overleaf shall be updated by me in writing as the need arises.

SIGNATURE PARENT/GUARDIAN:		DATE:	
----------------------------	--	-------	--