



**LETTER OF PERMISSION FROM PARENTS FOR LEARNERS TO ATTEND AND PARTICIPATE IN ANY SCHOOL RELATED ACTIVITIES**

- I, \_\_\_\_\_ (full Name and Surname of Parent/Guardian), I.D. Number \_\_\_\_\_ of \_\_\_\_\_ (full Name and Surname of Learner), I. D. Number \_\_\_\_\_ hereby give permission for my child to be transported by bus to and from all school related activities.
- I accept that all reasonable precautions to ensure the safety and welfare of my child will be taken and that I shall be held responsible for the payment of Medical and / or Hospital accounts, where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.
- I cede my powers as Parent/Guardian to the Principal of the school or his representative should medical treatment / surgery be deemed necessary for my child. As far as I know he/ she is in good health.
- I agree that while my child is conveyed or transported at any time, for any purpose, the school and / or staff members shall not be responsible for loss or damage to the clothing and / or personal property of the learner.
- 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). Please list any medications being used regularly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING INFORMATION IS ESSENTIAL IN CASE OF MEDICAL TREATMENT OR HOSPITALIZATION:**

- Name and Address of Employer: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Name of Doctor: \_\_\_\_\_
- Name of Medical Aid Fund: \_\_\_\_\_
- Number of Medical Aid Fund: \_\_\_\_\_
- Home Address of Parent / Guardian: \_\_\_\_\_
- Postal Address: \_\_\_\_\_
- E – Mail Address: \_\_\_\_\_
- Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Other: \_\_\_\_\_ Cell: \_\_\_\_\_
- Religion: \_\_\_\_\_ Language: \_\_\_\_\_
- Other contact Person: \_\_\_\_\_ Tel. No: \_\_\_\_\_
- Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_