



NPO 61103

ES LE GRANGE

**SKOOL
SCHOOL**

LSOB: Leerders met spesiale onderwysbehoefes
LSEN: Learners with special education needs

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NOORDBRUG, 2522
POTCHEFSTROOM

GENERAL CONSENT FORM

I, _____ (full names of parent or legal guardian) parent and/or legal guardian of the undermentioned, over whom I have custody and control, hereby consent to my child/ward (full names and ID number) _____ participating in activities (including swim coaching, horse riding, attending sports meetings, attending concerts, visits to shops and restaurants, choir performances) and other school activities arranged, organized or offered by the school for the period of 27 January – 31 December 2021.

The school undertake to:

1. Make proper arrangements with regards to the visit, trip or activity;
2. Provide reliable transport;
3. Keep a register of all learners undertaking the visit, trip or activity;
4. Provide supervision by school and hostel personnel; and
5. To take all necessary precautions to make the visit, trip or activity safe.
- 6.

Signature of parent/guardian

Date

THE FOLLOWING INFORMATION IS NECESSARY IN CASE OF EMERGENCY OR HOSPITALISATION:

- Full names of parent/guardian: _____

- Medical Aid Society: _____

Medical Aid No: _____

- Name of principal member of medical aid: _____

- Address of parent/guardian: _____

- Telephone: HOME: _____

WORK: _____

CELL: _____