



NPO 61103

# ES LE GRANGE

**SKOOL  
SCHOOL**

LSOB: Leerders met Spesiale Onderwysbehoefte  
LSEN: Learners with Special Education Needs

Tel.: (018) 2907047/9  
E-pos/E-mail: [admin@espotch.co.za](mailto:admin@espotch.co.za)  
Posbus/PO Box 19722  
NOORDBRUG, 2522  
POTCHEFSTROOM

## GENERAL CONSENT FORM

I, \_\_\_\_\_ parent and/or legal guardian of the  
(full names of parent and/or legal guardian)  
undermentioned, over whom I have custody and control, hereby consent to my child/ guardianship  
\_\_\_\_\_ participating in activities (including swim  
(full name and ID number of child)  
coaching, horse riding, attending sports meetings, attending concerts, visits to shops and  
restaurants, choir performances) and other school activities arranged, organised or offered by the  
school for the period of January 2024 – December 2024.

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.

\_\_\_\_\_  
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: \_\_\_\_\_

**NO MEDICAL AID**

Tick box if you do NOT have a medical aid.

Name of principal member of medical aid: \_\_\_\_\_

Address of parent/guardian: \_\_\_\_\_

Telephone: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_