



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

PERMISSION FOR A LEARNER TO PARTICIPATE IN SPORT & OTHER EXTRA CURRICULAR ACTIVITIES

1. I, _____ (full name and surname) the parent / guardian of _____ (full name and surname) hereby give permission for him to participate in extra-curricular activities of the school, and to go on tours and excursions that are necessary in the course of such activities.
2. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.
3. I cede my powers as parent/guardian to the principal of the school or his representative should medical treatment or surgery be deemed necessary for my child. As far as I know he is physically capable of participating in the above activities and he is in good health.
4. However, the persons responsible should please note the following: (state aspects that the teaching staff should be aware of e.g. Allergies, tendency towards abnormal bleeding, epilepsy etc).

5. The following information is essential in case of medical treatment or hospitalization:

LEARNER'S SURNAME & NAMES: _____

DATE OF BIRTH: _____

HOUSE / HOSTEL: _____

ACCOUNT PAYER'S NAME: _____

ACCOUNT PAYER'S ID NO: _____

ACCOUNT PAYER'S _____

POSTAL ADDRESS: _____

ACCOUNT PAYER'S _____

RESIDENTIAL ADDRESS: _____

TEL FATHER / GUARDIAN:

WORK: _____

HOME: _____

CELL: _____

FAX: _____

ID FATHER / GUARDIAN: _____

TEL MOTHER / GUARDIAN:

WORK: _____

HOME: _____

CELL: _____

FAX: _____

ID MOTHER / GUARDIAN: _____

MEDICAL AID:

NAME: _____

NO: _____