

SCHEDULE 2

FORM 1

MEDICAL QUESTIONNAIRE

1.	School	HS Roodepoort			
2.	Name and Surname of learner				
3.	Date of Birth				
4.	Nature of Tour				
5.	Name & Surname of parent/legal guardian				
6.	Home Address				
7.	Home / Cellphone Number				
8.	Work / Alternative Phone Number				
9.	Work Address				
10.	Do you belong to a medical aid? (x)	YES		NO	
	Name of Medical Aid Fund				
	Medical Aid Number				
11.	Name of Family Doctor				
12.	Dr Telephone Number				
13.	Is your child allergic to any food? (x)	YES		NO	
	If yes, specify.				
14.	Is your child allergic to any medication? (x)	YES		NO	
	If yes, please give details				
15.	Is your child presently taking any medication?	YES		NO	
	If so, please give a detailed list of medication and the dosage prescribed				
16.	Special Food Requirements.				
17.	Any other details needed?				

DETAILS OF PERSON PROVIDING THE INFORMATION	
Relationship to learner	
Print Name	
Signature of Parent	
Date	

SCHEDULE 3: PARENTAL TOUR CONSENT FORM

This form is to be completed by the parent/legal guardian/person in parental capacity of the learner who will be undertaking the camp and using bus transport provided by the School.

1. DETAILS OF ATTENDEE

1.1	Name of learner	
1.2	Age of learner	

2. DETAILS OF THE SCHOOL

2.1	Area	JW D12
2.2	School	HS Roodepoort
2.3	Principal	Mrs ML van der Merwe

3. DETAILS OF TOUR

3.1	Destination	
3.2	Purpose of Tour	
3.3	Departure Date	
3.4	Return Date	

4. I, (parent/legal guardian/acting in parental capacity) do hereby consent to the above attendee undertaking the above tour, and confirm that I ...

- 4.1 have been advised and fully understand the purpose, nature and risks associated with the tour;
- 4.2 have been informed by the school of all the relevant details associated with this tour, including the itinerary, arrangements for travel, accommodation, contact details of the tour manager and other associated details;
- 4.3 I understand that in the event of accident or injury to the above attendee that all reasonable steps will be taken by the tour manager to contact me to obtain consent for any necessary emergency medical treatment and/or any emergency medical operation. In the event that the tour manager is unable to contact me in such circumstances, I authorize the tour manager to consent to any such treatment or operation on my behalf;
- 4.4 I have completed the medical questionnaire attached to ensure the safety of my child;

Name of person	Relationship to the learner	Contact details
		Cellphone:
		2 nd phone:
Signature:		Home:
		Work:
		Email: