

**RAASBEKKIES TRANSPORT DISCLAIMER FORM:**

We hereby give the parents/guardians of (Full name and surname): -

\_\_\_\_\_

Consent that he/she may be transported by the bus/car provided by the school.

I accept that all reasonable precautions will be taken for the safety and well-being of my child and that I will be held responsible for the payment of medical bills and/or hospital bills, if applicable in the event of an injury not attributable to the negligence of the school and cannot be attributed to the responsible person.

As far as I know he/she is in good health. I transfer my powers as parent/guardian to the Head of the school or his representative if urgent medical treatment/surgical intervention may be necessary for my child.

***However, I request that the responsible persons pay attention to the following:***

***(Please mention any aspects of which the staff should be aware, e.g. allergic tendency to abnormal bleeding, epilepsy, etc.)***

The following information is essential in the event of medical treatment or hospitalization:

Name and surname of parent/guardian: \_\_\_\_\_

Residential address of parent/guardian: \_\_\_\_\_

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

Name and address of employer: \_\_\_\_\_

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

Name of Medical Fund: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Medical Fund Number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Next of kin/Friend: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of parent/guardian:    Date:

Identity number:

\_\_\_\_\_