



SCHEDULE 3

FORM 1

PARENTAL EXCURSION/TOUR CONSENT FORM

Note: This to be completed by a parent legal guardian/person acting in parental capacity of the learner who will undertake an excursion/tour.

1. DETAILS OF LEARNER

1.1	Name	
1.2	Grade	
1.3	School	

2. DETAILS OF THE SCHOOL

2.1	District	
2.2	Name of School	
2.3	Name of Principal	

3. DETAILS OF EXCURSION/TOUR

3.1	Destination	
3.2	Purpose of excursion/tour	
3.3	Proposed departure date	
3.4	Proposed arrival date	

4. WATER ACTIVITIES

Can your child swim?

Yes

No

Do you give permission for your child to swim?

Yes

No

5. CONSENT BY PARENT/LEGAL GUARDIAN/PERSON ACTING IN PARENTAL CAPACITY

I, _____ (parent/legal guardian/acting in parental capacity) do hereby consent to the above learner undertaking the excursion/tour, and confirm that –

4.1 have been advised and fully understand the purpose, nature and risks associated with this excursion/tour:

4.2 have been informed by the school of all the relevant details associated with this excursion/tour, including the itinerary, arrangements for travel, accommodation, contact details of the excursion/tour manager and other associated details:

4.3 understand that in the event of accident or injury to the above learner that all reasonable steps will be taken by the excursion/tour manager to contact me and if cannot be reached contact my relatives

indicated to obtain consent for any necessary emergency medical treatment and/or any emergency medical operation:

Name of Person	Relationship to the learner	Contact details
		Home: Work: Cell phone: Email: Fax:
		Home: Work: Cell phone: Email: Fax:

4.4 have completed the medical questionnaire to ensure the safety of my child; and

4.5 have been provided with a copy of the school's discipline rules in terms of which the learner will undertake the excursion/tour.

6. DETAILS AND SIGNATURE OF PARENT/LEGAL GUARDIAN/PERSON ACTING IN PARENTAL CAPACITY

5.1	Name	
5.2	Capacity	
5.3	Address	
5.4	a) Contact telephone number	
	b) Cell number	
5.5	Signature	
5.6	Date	



**SCHEDULE 2
 FORM 1**

MEDICAL QUESTIONNAIRE

1.	School Name			
2.	Name of Learner			
3.	Date of Birth			
4.	Nature of Tour			
5.	Name of Parent/Legal Guardian			
6.	Home Address			
7.	Home Telephone/Cell no.			
8.	Work Telephone			
9.	Work Address			
10.	Do you belong to a medical aid (X)			
	Name the Fund			
	Medical Aid Number			
11.	Name of Family Doctor			
12.	Telephone Number			
13.	Is your child allergic to any food (X)	Yes		No
13.1	If Yes, specify			
14.	Is your child allergic to any medication (X)	Yes		No
14.1	If yes, please give details			
15.	Is your child presently taking any medication?	Yes		No
15.1	If so, please give a detailed list of medication and the dosage prescribed			
Details of Person Providing the Information				
Relationship to learner				
Print Name				
Signature of Parent				
Date				