

During the year, Inscape students may participate in excursions, site visits, social functions etc. Should the student sustain an injury, it is vital that we have the students' medical and next-of-kin details. It is therefore important that this form be completed.

Until this form has been completed, the student may not attend any of these events.

STUDENT DETAILS

Surname (block letters) _____ First names: _____
 Date of birth 19____/____/____ ID number: _____
 Residential address _____
 _____ post code: _____

MEDICAL

Gender: Male Female Blood group: _____
 Family Doctor _____ Phone number (_____) _____
 Medical Aid _____ number _____
 allergic to _____ tendency towards abnormal bleeding
 epilepsy asthma past / present illnesses or disability: _____
 medical treatment / operations chronic medication: _____

NEXT OF KIN

Surname (block letters) _____ First names: _____
 Relationship _____ Work number: (_____) _____
 Home number (_____) _____ cell number: (_____) _____

CONSENT AND INDEMNITY

In an emergency, there may not be time to refer to your child's records. Inscape Education Group therefore reserves the right to utilise the quickest medical service available.

I, _____ being the parent / legal guardian / student over the age of 21, hereby give permission for the above mentioned student (my child) to participate in any outing or excursion arranged by the College and for the appointed Inscape Education Group staff member to provide / authorise any emergency treatment as necessitated by the situation.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child. I also accept that I shall be responsible for the payment of medical and / or hospital fees, where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the Inscape staff responsible. I cede my powers as parent / guardian to the principal of Inscape Education Group or his representative should medical treatment / surgery be deemed necessary for my child.

As far as I know my child is in good health, except for the conditions identified above.

I am aware that Inscape Education Group may not be held liable for any theft, damage, injury or death that may occur on an outing or excursion.

I understand that my child will not be permitted to participate in outings and excursions if this form has not been signed by the responsible person.

 Signature of parent / legal guardian
 or student over the age of 21

 Date