



CONSENT FORM

It is widely recognized that attendance at school or any school activity, including participation in excursions, games, sporting or other activity at or through the school, and including the use of transport arranged by the school, may entail risks for a learner. Such risks are part and parcel of life and education.

Acknowledging the foregoing I,

(full names of a parent/guardian)

parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to my son/daughter

(full names of a parent/guardian)

participating in the various activities (including sports activities, games, camps and educational and recreational activities and outings) arranged, organized or offered by the School, and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree that such participation or use shall be at the risk of the learner and his/her parent/guardian. Insofar as every reasonable and practicable precaution is taken for the safety and welfare of my son/daughter and for the care of his/her possessions, I hold blameless all other persons, MANAH PRIVATE ACADEMY and all organizations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my son/daughter/ward during the above activity, consequent upon my having given permission for his/her participation in the activity.

This includes a waiver against my claiming for recovery of costs resulting from theft, damage, loss and/or medical conditions or hospitalization, unless such loss is caused by the negligence, willfulness or deliberate act of the School or one or more of its employees.

I furthermore appoint the school staff accompanying the tour or group, or supervising the activity, to act in loco parentis in respect of my son/daughter should the need therefore arise, and where it is deemed by them to be necessary to do so, to take such steps as the school deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.

Signature of Parent/Guardian

Date

RELEVANT INFORMATION CONCERNING YOUR SON'S/DAUGHTER'S CONDITIONS/CIRCUMSTANCES

Does your son/daughter have any medical condition or allergy of which the teachers accompanying the group need to be aware?

☐ YES

☐ NO

If so, please provide details:

Should medication/hospitalization be necessary please indicate (if applicable):

a) Name of your Medical Aid:

Medical Aid No:

b) Principal member of Medical Aid (usually father or mother)

c) Contact details of Medical Practitioner to be contacted for medical history if necessary:

d) Emergency contact number/s:

(work) _____

(home) _____

(cell) _____

Full name of witness

Signature

Date