



HOÛRSKOOL DIE WILGE HIGH SCHOOL DIE WILGE



Tel. No: (018) 2906587/8 Skool/School
Tel.No: (018) 290 5732 Koshuis/Hostel
Faks/Fax: (018) 2906244
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Privaatsak X1006
Private Bag X1006
POTCHEFSTROOM
2520

VRYWARINGSVORM

Ek, _____, die ouer / voog van _____

_____ (volle naam en van en ID no.) gee hiermee toestemming dat hy / sy aan enige aktiwiteit deur die skool gereël, mag deelneem of dit as toeskouer mag bywoon.

Toestemming en vrywaring word uitdruklik verleen dat my kind per voertuig vervoer mag word.

Ek dra my magte as ouer / voog vir die duur van die aktiwiteit oor aan die hoof van die skool of sy verteenwoordiger indien mediese / chirurgiese behandeling vir my kind nodig mag wees. Sover ek weet, verkeer hy / sy in goeie gesondheid.

Ek versoek egter die verantwoordelike persoon om op die volgende te let: (Meld hier enige besonderhede in verband met u kind se gesondheid en / of enige bedrywighede waaraan hy / sy nie mag deelneem nie.)

Inligting benodig in geval van mediese / hospitaalbehandeling:

1. Naam en adres van werkgever: _____
2. Naam van mediese fonds: _____
3. Magsnommer (SA Polisie, Staande Mag, ens.) _____
4. Vul slegs in indien u van mening is dat u vir 'n verlaagde mediese tarief kwalifiseer (slegs vir hospitaalbehandeling).
 - i) Beroep: _____
 - i) Jaarlikse bruto inkomste uit salaris, boerdery, toelaes ens.
(Man): _____ (Vrou): _____
 - i) Getal afhanklikes met inbegrip van eggenote: _____
 - i) Ouderdomme van afhanklikes (met uitsondering van eggenote): _____

5. Woonadres van ouer/voog: _____

6. Naam en adres van persoon met wie geskakel kan word indien daar nie met u in verbinding getree kan word nie.

Tel. (h) _____ Tel. (w) _____

7. Ek aanvaar dat alle redelike voorsorg getref sal word vir die veiligheid en welstand van my kind en dat ek verantwoordelik gehou sal word vir die betaling van mediese en / of hospitaalrekening, indien van toepassing.

HANDTEKENING VAN OUER/VOOG: _____ **DATUM:** _____



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INDEMNITY FORM

I, _____, parent / guardian of _____

_____ (full name and surname and ID-number)

hereby grant permission that he / she may attend any activity by the school as participant or supporter and take part in any such activity.

Permission and exemption is explicitly granted that my child may be transported by vehicle to such events.

I hereby give the headmaster and / or his representative my permission to act on my behalf for as long as the event lasts. In case medical / surgical treatment is needed for my child. As far as I know he / she is healthy.

I request that the responsible person please not the following:

(Mention any particulars with regards to you child's health and / or any activities in which he / she may not participate.)

Information needed in case of medical treatment / hospitalisation:

1. Name and address of employer: _____

2. Name of medical aid: _____

3. Rank number (SA Police, Permanent Force etc.): _____

4. Complete only if you qualify for a reduced medical tariff (only in case of hospitalisation):

i) Occupation: _____

i) Annual gross income from salary, farming, alimony, etc.

(Husband): _____ (Wife:) _____

i) Number of dependants including spouse: _____

i) Ages of dependants (excluding spouse): _____

5. Residential address of parent / guardian: _____

6. Name and address of person to be contacted in case the parent / guardian are not available at the time:

Tel. (h) _____ Tel. (W) _____

7. I accept that all reasonable precautions have been taken to ensure the safety and well being of my child and that I will be held accountable for the payment of any medical and / or hospital accounts if necessary.

SIGNATURE: PARENT / GUARDIAN

DATE

