



**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 Number				
8.	Work Telephone Number				
9.	Work Address				
10.	Do you belong to a medical aid? (x)	YES		NO	
	Name of Medical Fund				
	Medical Aid Number				
11.	Name of Family Doctor				
12.	Dr Telephone Number				
13.	Is your child allergic to any food? (x)	YES		NO	
	If yes, specify.				
14.	Is your child allergic to any medication? (x)	YES		NO	
	If yes, please give details				
15.	Is your child presently taking any medication?	YES		NO	
	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	



**education**  
Department: Education  
GAUTENG PROVINCE

### SCHEDULE 3

### FORM 1

## PARENTAL TOUR CONSENT FORM

**Note: This form to be completed by a parent/legal guardian/person in parental capacity of the learner who will be undertaking daily bus transport.**

### 1. DETAILS OF LEARNER

1.1	Name of Learner	
1.2	Grade of Learner	
1.3	School	

### 2. DETAILS OF THE SCHOOL

2.1	District	
2.2	Name of School	
2.3	Name of Principal	

### 3. DETAILS OF TOUR

3.1	Destination	Daily bus transport
3.2	Purpose of Tour	Daily bus transport
3.3	Proposed Departure Date	Daily bus transport
3.4	Proposed Arrival Date	Daily bus transport

### 4. 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 above transport, and confirm that I :

- 4.1 have been advised and fully understand the purpose, nature and risks associated with daily bus transport;

- 4.2 have been informed by the school of all the relevant details associated with daily bus transport, including the itinerary, arrangements for travel, accommodation, contact details of the 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 tour manager to contact me and if I 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:
		Cellphone:
		Email:
		Fax:
		Home :
		Work:
		Cellphone:
		Email:
		Fax:

- 4.4 have completed the medical questionnaire attached to ensure the safety of my child; and
- 4.5 have been provided with a copy of the school's discipline and safety rules in terms of which the learner will undertake the tour.

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

5.1	NAME	
5.2	CAPACITY	
5.3	ADDRESS	
5.4	CONTACT TELEPHONE NUMBER	
	CELL NUMBER	
5.5	SIGNATURE	
5.6	DATE	