

HOËRSKOOL BEKKER

B.29

TOESTEMMINGSBRIEF VIR 'N LEERLING OM AAN SPORT EN ANDER BEDRYWIGHEDDE DEEL TE NEEM

LETTER OF CONSENT FOR A PUPIL TO TAKE PART IN SPORT AND OTHER ACTIVITIES

1. Ek, _____ (volle naam en van), die ouer/voog van _____ (volle naam, van en I.D.-nommer van leerling) gee hiermee toestemming dat hy/sy aktief mag deelneem aan al die aktiwiteite wat Hoërskool Bekker gedurende die jaar gaan aanbied.:
1. I, _____ (full names and surname), the parent/guardian of _____ (full names, surname and identity number of pupil) hereby give consent that my child can take part in all the activities organised by Hoërskool Bekker during the course of this year :
2. 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 rekeninge en/of hospitaalrekeninge, indien van toepassing, ingeval van 'n besering wat nie aan die nalatigheid van die verantwoordelike personeel toegeskryf kan word nie.
2. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of any medical accounts and/or hospital accounts, if applicable, in the case of an injury not caused by negligence of the responsible personnel.
3. Ek dra my magte as ouer/voog oor aan die hoof van die skool of sy verteenwoordiger indien mediese behandeling/chirurgie vir my kind nodig mag wees. Sover ek weet, is hy/sy fisies in staat om aan die genoemde aktiwiteite deel te neem en verkeer hy/sy in goeie gesondheid.
3. I transfer my rights as parent/guardian to the principal of the school or his representative, should medical attendance/surgical incision be required for my child. As far as I know, he/she is physically capable to take part in the named activities and is in good health.
4. Ek vrywaar hiermee die Gauteng Departement van Onderwys en enige werknemer van die Departement asook Hoërskool Bekker van enige eis wat ten opsigte van my kind kan voortspruit.
4. I hereby indemnify the Gauteng Department of Education and any employee of the Department as well as Hoërskool Bekker from any claim which could be made regarding my child.

HOËRSKOOL BEKKER PRIVAATSAK X5002, 1791 MAGALIESBURG
14 APR 2010
TEL: 014 577-5938/7 FAKS: 014 577-5938/9

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5. Ek versoek egter dat die verantwoordelike persone op die volgende sal let : (Noem asseblief aspekte waarvan die onderwyspersoneel bewus moet wees, bv. allergieë, geneigtheid tot abnormale bloeding, epileptiese aanvalle, ens.)
5. I request, however, that the responsible person will take note of the following : (Please mention all aspects of which the personnel must be aware, i.e. allergies, the inclination to abnormal bleeding, epileptic fits, etc.)

OPMERKINGS / REMARKS:

6. Die volgende inligting is noodsaaklik in die geval van mediese behandeling of hospitalisasie :
6. The following information is required in case of medical treatment or hospitalisation :

6.1 NAAM EN ADRES VAN WERKGEWER /NAME AND ADDRESS OF EMPLOYER:

6.2 NAAM VAN MEDIESE FONDS/NAME OF MEDICAL AID : _____
LIDMAATSKAPNR/MEMBERSHIP NO. _____

6.3 HUISADRES VAN OUER/VOOG /HOME ADDRESS OF PARENT/GUARDIAN :

6.4 TEL. NUMBERS/NOMMERS :

HOME/HUIS _____ WORK/WERK: _____
SEL: _____

HANDTEKENING VAN OUER/VOOG
SIGNATURE OF PARENT/GUARDIAN

I.D. NUMBER/NOMMER