

CONSENT AND DISCLAIMER

I / We the legal guardian / father / mother of
("the child"), do hereby, in my personal capacity and on behalf of the child:

- 1 Authorise the school, its owners, employees and / or agents, to provide the required consent for the administration of medical treatment (including surgery) to and / or hospitalization of the child, provided that:
 - 1.1 Such treatment / hospitalization is recommended by a medical or dental practitioner; and
 - 1.2 Reasonable prior steps to inform me telephonically of the need for such treatment / hospitalization have not been successful
 - 1.3 I / We be held responsible for the payment of medical and / or hospital/or ambulance transportation accounts.
- 2 The following information is essential in case of medical treatment or hospitalisation:

Name of Medical Aid:

Medical Aid number:

- 3 I/We declare that we are aware of the National Policy regarding HIV/AIDS pertaining to scholars and educators in schools and students and educators in continued education and training centers (Government Gazette No. 20372 of 10 August 1999). This policy applies to Montessori East Pre-school and that we have the knowledge of its contents. A copy of this policy is available in the Principals office.

I/We have read and understand all terms and conditions set out above.

Thus agreed and signed at on (date)

Father: Name:

Signature:

Mother: Name:

Signature:

Legal guardian: Name:

Signature: