

INFORMATION OF PARENT / GUARDIAN OF _____
(name of learner)

Full name:

Home Address:

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Home Telephone No.:

Work Telephone No.:

Cellphone No.:

Who can be contact in case of

emergency:

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MEDICAL INFORMATION

Name of Doctor: Tel:

Name of Medical Scheme:

Member Number:

Name of Main Member:

Who accepts the responsibility for the settlement of an account, if there is no medical aid:

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SIGNATURE OF PARENT / GUARDIAN

DATE