



GAUTENG PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

SCHEDULE 2: MEDICAL QUESTIONNAIRE

1.	School Name	HOËRSKOOL ELDORAIGNE			
2.	Name Of Learner				
3.	Date Of Birth				
4.	Nature Of Tour	GRAAD 8 KAMP 2026			
5.	Name of Parent / Legal Guardian				
6.	Home Address				
7.	Home Telephone				
8.	Work Telephone				
9.	Work Address				
10	Do you belong to a medical aid?(X)	Yes		No	
	Name the fund				
	Medical Aid Number				
11	Name of Family Doctor				
12	Telephone Number				
13	Is your child allergic to any food? (X)	Yes		No	
13.1	If yes, specify				
14	Is your child allergic to any medication?(X)	Yes		No	
14.1	If yes, please give details				
15	Is your child presently taking any medication?	Yes		No	
15.1	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	

SCHEDULE 3: PARENTAL TOUR CONSENT FORM

Note: This form to be completed by a parent legal guardian/person acting in parental capacity of the learner who will be undertaking a tour

1. DETAILS OF LEARNER

1.1	Name	
1.2	Grade	
1.3	School	

2. DETAILS OF THE SCHOOL

1.1	District	TS D4
1.2	Name of school	HOËRSKOOL ELDORAIGNE
1.3	Name of principal	MNR. RETIEF SMITH

3. DETAILS OF TOUR

3.1	Destination	CAMP WILDSIDE ADVENTURES
3.2	Purpose of tour	GRAAD 8 KAMP
3.3	Proposed departure date	9 JANUARIE 2026
3.4	Proposed arrival date	11 JANUARIE 2026

I, _____ (parent / legal guardian / acting in parental capacity) do hereby consent to the above learner undertaking the tour, and confirm that I:

- 4.1 Have been advised and fully understand, the purpose, nature and risks associated with the tour;
- 4.2 Have been informed by the school of all the relevant details associated with this tour, 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 to obtain my consent for any necessary emergency medical treatment and/or any emergency medical operation. In the event that the tour manager is unable to contact me in such circumstances, I authorise the tour manager to consent to any such treatment or operation on my behalf; consent must be obtained from
- 4.4 Have completed the medical questionnaire attached to ensure the safety of my child
- 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.

Name of Person	Relationship to the learner	Contact details
		(Home) (Work) Cellphone Email : Fax :
		(Home) (Work) Cellphone Email : Fax :

CONSENT BY PARENT / LEGAL GUARDIAN / PERSON ACTING IN PARENTAL CAPACITY

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

5.1	Name	
5.2	Capacity	
5.3	Address	
5.4	a) Contact telephone number	
	b) Cell number	
5.5	Signature	
5.6	Date	
