



www.jonginenge.co.za
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CC. no: 2005/034556/23

MEDICAL INFORMATION & INDEMNITY FORM

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

MEDICAL AID: YES / NO (If yes fill in details below)

MEDICAL AID SCHEME: _____

MEDICAL AID NUMBER: _____

NAME OF PRINCIPAL MEMBER: _____

DOCTOR'S NAME AND NUMBER: _____

EMERGENCY CONTACT NAME & NUMBER:

MOM: _____ DAD: _____

EMAIL: _____

ALLERGIES/MEDICATION: _____

CONSENT TO PARTICIPATE, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I _____, parent/guardian of _____ grant permission for my child to attend the environmental education excursion with Jonginenge. I am aware that there are risks, hazards and uncertainties connected with their participation in the excursion, and understand that precautions will be taken to ensure the safety of my child at all times. I therefore will not hold Jonginenge or the facilitators in charge, responsible for any injury incurred by my child.

Signed: _____ Date: _____



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