



Name and Surname of Student: \_\_\_\_\_

Please list any Medical Conditions / Allergies: (Example: Penicillin / Bees / Peanuts etc.)

\_\_\_\_\_

\_\_\_\_\_

## **EMERGENCY CONTACT**

Name and Surname of Emergency Contact Person : \_\_\_\_\_

Relationship (Mother/Father etc.): \_\_\_\_\_

Cell Number: \_\_\_\_\_

**I HAVE MEDICAL AID:** YES  NO

Please mark the correct with an X

## **MEDIAL AID DETAILS** *(Please provide copy of Medical Aid Card)*

Main Member Name and Surname: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_

Medical Aid Plan Type: \_\_\_\_\_

Medical Aid No.: \_\_\_\_\_