



LITTLE LITTLE PRE PRIMARY SCHOOL
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Germiston
1400

Principal: (064) 502 3373

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<https://littlitlepreprimary.co.za>

EMIS Number: 700902252

Emergency Medical Consent Form

Consent for Medical / Surgical Care / Emergency Treatment and Child's Medical Information.
Little Little Pre Primary School has my permission to obtain emergency medical treatment for my child, _____ (name of child) when I/we cannot be reached or if a delay in reaching my child would be dangerous for him/her. I do hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I/We hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I/We acknowledge that I/we are responsible for all reasonable charges in connection with care and treatment rendered during this period.

Father/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

Mother/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

Medical Aid: _____ Medical aid number: _____

Family Doctor: _____ Doctor Contact Details: _____

Child's allergies, if any: _____

Medicines child is taking: _____

I HAVE READ THIS FORM AND CERTIFY THAT I UNDERSTAND ITS CONTENTS

Father Full Name: _____ Signature: _____ Date: _____

Mother Full Name: _____ Signature: _____ Date: _____

The information required on this Emergency Medical Consent Form is collected and used to admit children at Little Little Pre Primary School. By signing the form you consent to the processing of the personal information for the intended purpose.