



EBIT WEEK AND INDUSTRY VISITS

Indemnity, Consent and Medical Information Form

Name of Learner: _____

Gender: _____

ID Number of Learner: _____

MEDICAL INFORMATION

My child suffers from the following (e.g. asthma, diabetes, epilepsy, heart ailments etc.):

My child is allergic to (e.g. certain foods, penicillin, bee-stings etc):

Vegetarian: Yes / No (Delete which is not applicable)

Halaal: Yes / No (Delete which is not applicable)

NAME OF MEDICAL AID:

MEDICAL AID NUMBER:

NAME OF HEAD MEMBER:

ID NUMBER OF HEAD MEMBER:

NAME & ADDRESS OF EMPLOYER:

TELEPHONE NUMBERS IN CASE OF AN EMERGENCY:

Father's Telephone No: Home: _____ Work: _____ Mobile: _____

Physical Address:

Mother's Telephone No: Home: _____ Work: _____ Mobile: _____

Physical Address:

Name & Address of person who may be contacted if you are not available:

Telephone Numbers: Home: _____ Work: _____ Mobile: _____

Doctors Name:

Office Tel: _____ Work: _____ Mobile: _____

I, _____ (full name) the parent/legal guardian of _____
(Learner's full name) give consent that _____ (Learner) may attend all official,
scheduled industry tours, events, and other excursions of the University of Pretoria (UP) EBIT Week
during the EBIT Week. I am aware that the attendance of these excursions and the activities that may
take place during the time of the excursions may hold the possibility of physical injuries. I accept that
all reasonable precautions will be taken to ensure the safety and wellbeing of _____
(Learner)

I specifically indemnify the UP EBIT Week, responsible for the excursions, against any liability for injuries sustained where there was no intentional harm or negligence.

I understand that _____ (parent/legal guardian) will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury or illness occur that cannot be ascribed to negligence on the part of the UP EBIT Week that is responsible for the excursions.

I agree that while _____ (Learner) is conveyed or transported at any time for any purpose that it shall be at my and the members own risk.

The University of Pretoria EBIT Week will not be held responsible for any loss or damage to clothing or personal belongings/property of the Learner.

Please scan and email this form back to: ebitweek@up.ac.za

Signature Parent/Legal Guardian

Signature: Learner

Date