

Laerskool Walvisbaai

Nangolo Mbumba Weg
Posbus 848
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Epos: admin@lwbsleutels.com



Walvis Bay Primary School

Nangolo Mbumba Drive
P.O.Box 848
Tel. +264 64 202836
Fax. +264 64 207098
Email: reception@lwbsleutels.com

PRIMARY SCHOOL WALVIS BAY (Incorporated association not for gain) 21/95/0111

Dear Parents / Guardians

Consent Form

You are required to give consent for your child to leave the school premises.

Please complete, sign and date the consent form. Only parents or legal guardians of the child may fill in this form and sign it.

I, _____ ID _____ the
parent / legal guardian of (child) _____ in Grade _____
date of birth _____ do hereby grant consent for the aforementioned learner to
leave the school property during school hours to participate in the following outing / activity:

Activity: All activities, sports events and outings for the abovementioned learner during the 2025 calendar year.

Date: 1 January 2025 – 31 December 2025

Mode of Transport: School bus and transport services offered by the school.

Time to be at school: As per communicated letter sent home of event/outing.

Depart from school: As per communication of educator in charge sent home of event/outing.

Arrive at school: As per communication of educator in charge sent home of event/outing.

Educators accompanying learners: Will be grade or sport code related.

Persons in charge: Head of Sport/Head of Culture/Head of Department/Grade Head

PLEASE COMPLETE THE FOLLOWING:

Emergency Contact Telephone Numbers:

Parents(s) / Legal Guardian(s) Name(s) _____

Mother : Cell No. _____ Father : Cell No. _____

Mother : (W) _____ Father : (W) _____

Mother : (H) _____ Father : (W) _____

Third Party/ Next of Kin Contact No: (Name) _____ Tel No. _____

Residential Address: _____

Postal Address: _____

Doctor's Name: _____ Doctor's Contact No. _____

Name of Medical Aid:

Medical Aid No.

Medical Aid Plan:

1. My/Our child will obey all instructions given by the teacher/s in charge.
2. I will be held responsible for the medical and/or hospital accounts which may occur.
3. Provided all efforts to contact me/us have failed, I/we cede my/our powers as parent(s)/legal guardian(s) to the School Director of the School or his/her representative should medical treatment/surgery be deemed necessary for my child.
4. If the situation is critical, the members of staff will act in loco parentis without initially attempting to contact guardians.
5. My/Our child, as far as I/we know is in good health and the following should be noted by the persons responsible for the activity.

PLEASE NOTE: (Allergies or special medication required, epilepsy, abnormal bleeding, etc.)

Please return this form to the educator.

No pupils may leave the property without consent of a parent/legal guardian.

SIGNATURE OF PARENT/LEGAL GUARDIAN

ID NO.

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

ID NO.

DATE

FOR OFFICE USE

Educators must take these forms with on tours/outings. They must then be sent to sports office where they will be kept for the duration of the calendar year.