



# 斐京華僑公學 Pretoria Chinese School

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## CONSENT TO PERFORM DRUG TEST

I, the undersigned,

\_\_\_\_\_ (Full Names and Surname)

Being the Parent/Guardian of \_\_\_\_\_ (Full Name and Surname)

Do hereby give permission to the Pretoria Chinese School to carry out a random drug test on my child whenever necessary on condition that the School informs me telephonically.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that the Pretoria Chinese School shall be responsible for the costs of such tests. I specifically indemnify and hold the Pretoria Chinese School and its entire staff harmless against any claims of whatsoever nature arising out of injury, damage or loss sustained.

The school should however please note the following (please state medical aspects the staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc). Please list any medication being used regularly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Identity Number

Date: \_\_\_\_\_

