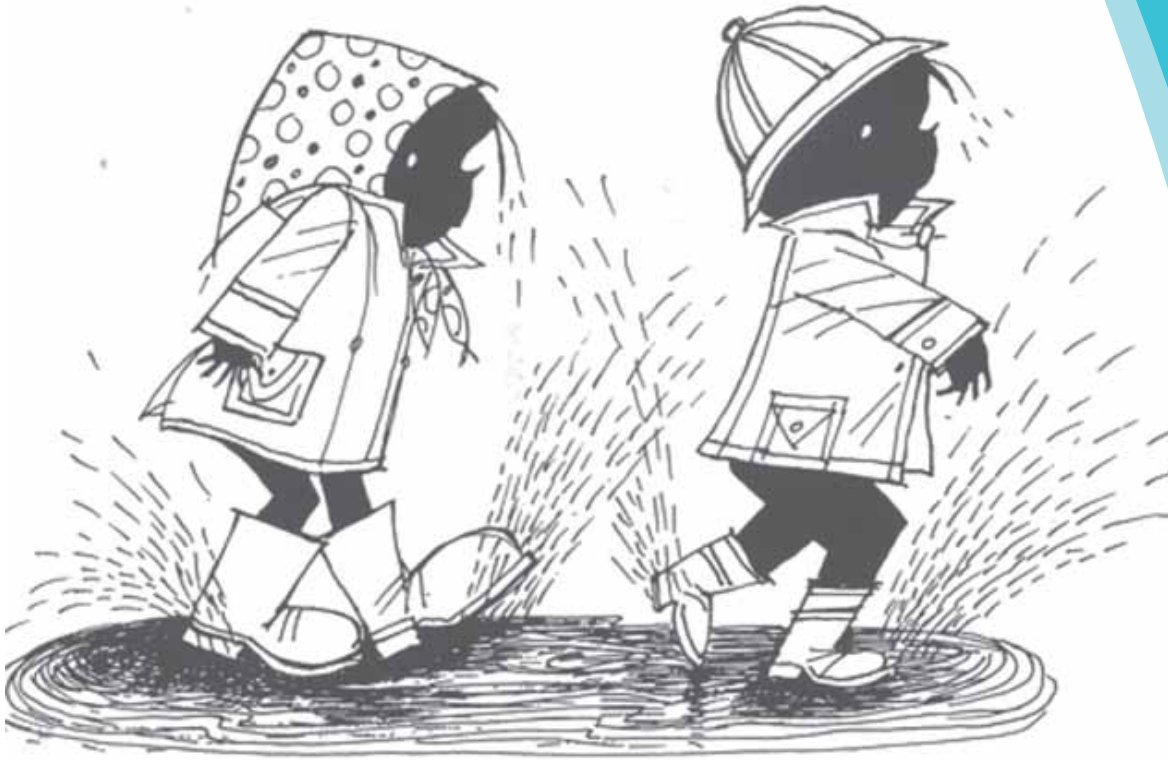


A Little under the weather...



Medical Indemnity Form

I, _____ hereby grant I.School permission to admit
my child _____ to the Medicross, Carlswald for treatment.

And I will be responsible for all medical bills.

Cell No. 1 _____

Cell No. 2 _____

Next of Kin No _____

Signed _____ Dated _____

Name of Medical Aid _____

Member No _____ Medical Aid liason _____

Tel _____

