



# NEXT OF KIN AND MEDICAL INFORMATION

**Purpose:**

- To provide information of next of kin in a case of an emergency.
- To provide medical and food-related information.

Next of kin		Relation to official	
Contact no.		Email address	
Physical address			
Additional contact person		Surname	
Relation to official		Contact no.	

### Official medical and food-related information

Name of Medical Aid (If applicable)		Medical Aid no.	
Name of main member			
Contact doctor/medical practitioner		Contact no.	
Known food allergies		Medication allergies	
Food dietary requirements (mark with X)	Standard	Vegetarian	Halaal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kosher		
	<input type="checkbox"/>		

### Medical background

Medication currently taking (if applicable)				
If applicable, please give a detailed list of medication and the dosage prescribed				
Medication no. 1		Dosage		
Medication no.2		Dosage		
Medication no.3		Dosage		
Covid-19 vaccination: Vaccinated (Yes/No)			If yes, fully or partially	
State <b>Yes</b> or <b>No</b> if you has or suffered any of the following medical condition/illnesses.				
Asthma		Epilepsy		Heart conditions
Head injury/concussion		Eye/vision challenge		Ear/Hearing disorder
Chest pains/palpitations		Pneumonia		Mental/psychological disorder
Other (state/explain)				

I, \_\_\_\_\_ hereby voluntarily undertaking the trip and participate in the event, from \_\_\_\_\_ to \_\_\_\_\_-and confirm that I-

- fully understand, the purpose, nature and risks associated with the travelling and participation at the National School Sport Championships;
- understand that in the event of accident sickness (pre-existing, new and Covid-19 related) or injury that all reasonable steps will be taken by the Sport/IG code or provincial official to contact my next of kin and or my relatives indicated to obtain consent for any necessary emergency medical treatment/or any emergency medical operation.
- I give consent for my images to be used in promotional or marketing material related to the National School Sport Championships **(See attached POPIA form for a full information).**

Signature		Date	
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Form check by: \_\_\_\_\_ (Name of Provincial DSAC/DoE official)