

Sandhurst Pre- & Preparatory Emergency Card

Surname: _____

Child's name : _____

Date of Birth: _____ Gender _____

Physical Address: _____

Code: _____

Postal Address: _____

Code: _____

Emergency contacts: _____

Medical Aid Name: _____

Employer's Name/Address: _____

Code: _____

Doctor's name: _____

Mom's name: _____

Mom's ID/Passport no: _____

Dad's name: _____

Dad's ID/Passport no: _____

Child's ID/Passport no: _____

Home Tel: _____

Father's Bus : _____

Father's Cell : _____

Father's email: _____

Mother's Bus : _____

Mother's Cell : _____

Mother's email: _____

Emergency Tel : _____

Emergency Cell : _____

Medical Aid No: _____

Member's I.D No: _____

Critical Medical Info:(Allergies/ Chronic conditions)