

FIRST AID COURSE REPLY SLIPS

PERMISSION FOR **LEVEL 1 FIRST AID COURSE** - to be returned by 17 January, 2025

I hereby grant permission for my child to do the **Level 1 First Aid** course as indicated. I request that the cost be debited to my school fee account. (**R875.00** incl. per pupil)

Printed Name of Child _____ Grade _____ Date _____

Printed Name of Parent / Guardian _____ Signature of Parent _____

PERMISSION FOR **LEVEL 3 FIRST AID COURSE** - to be returned by 24 January, 2025

Grade 10 to 12 pupils ONLY

I hereby grant permission for my child to do the **Level 3 First Aid** course as indicated. I request that the cost be debited to my school fee account. (**R2200.00** incl. per pupil)

Printed Name of Child _____ Grade _____ Date _____

Printed Name of Parent / Guardian _____ Signature of Parent _____
