



PREMIER PREPARATORY SCHOOL – SSANJE

NURSERY & PRIMARY DAY & BOARDING

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PPS- While at School Treatment Authorization:

[Please circle either A or B but not both]

I, (Tel:), the parent/guardian of.....
attending grade/primary..... at *Premier Preparatory School – Ssanje*:

- A. hereby authorize PPS to have my child, named above, treated at Premier Health -SMC in the event that s/he becomes sick while at school. The school will attempt to inform me about my child's condition and need for medical care before initiating treatment – unless it is an emergency or their attempts to notify me are not successful. I will then be responsible for the medical care bill at Premier Health -SMC subject to a 20% discount – unless my child paid for membership in Premier Medical scheme – in which case the medical scheme will pay up to 100,000/= (per term) of the medical bills incurred at PH-SMC – if my child paid at least 50% of tuition at the beginning of the term or 100 % of tuition after VD.

And if PHS-SMC determines that a referral is warranted, they will attempt to notify me of this plus the name/location of health institution where they would be referring and/or transporting my child for medical care. In case of an emergency, I release PHS from waiting for my delayed response before transporting my child to another facility for medical care. I will then be responsible for the medical bill at PHS as explained above, plus transportation costs, and the medical care bill (if any) at the referral facility.

- B. do not authorize PPS to have my child treated at Premier Health – SMC. I just want to be notified so I can make my own arrangements for timely treatment of my child. But if I am not able to arrange timely treatment and my child's condition warrants immediate treatment, PPS may go ahead and have that treatment initiated at Premier Health - SMC or at another appropriate facility - and I will be responsible for the medical care costs as detailed in section A above.

Parent/Guardian/responsible party's Signature: _____ Tel _____

PPS – Official's Name _____ and Signature _____

Thank you,

and

Let's build the future together.

Premier Education Institute Limited®