



STATUTORY DECLARATION CLAIM FOR AMBULANCE SERVICES FEES

TO: The Manager, Legal Services Unit Department of Education and Children's Services GPO Box 1152 ADELAIDE SA 5001 (or courier: R11/13)

NOTE:

- Ensure that this form is: 1. declared by parent/guardian to JP; 2. certified by the Director/Principal; and 3. ED155 and ambulance invoice are attached; before forwarding to Legal Services Unit.

I request that the Department of Education and Children's Services pay the attached account in the sum of \$ [] from SA Ambulance Service.

DETAILS OF INCIDENT:

Family Name of Child/Student [] Preferred Given Name [] School at which enrolled [] Date of Incident [][][] Place of Incident [] Transport by ambulance to []

DECLARATION:

I, [] Mr [] Mrs [] Ms

Family Name [] Preferred Given Name [] of [] [] Postcode [] Phone No []

DO SOLEMNLY AND SINCERELY DECLARE that:

- 1. I am the parent/guardian of the child/student named above; 2. the attached account was incurred as a result of an incident which occurred on school/preschool premises/on a school activity; 3. neither I nor the child/student nor anyone else on the child/student's behalf holds insurance with: (a) the SA Ambulance Service; (b) any private health insurer; (c) any other insurer; against which the attached account may be claimed.

AND I MAKE THIS DECLARATION conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

Signature of Parent/Guardian _____ Date / /

DECLARED at _____ on the _____ day of _____ 20____ before me,

Justice of the Peace printed name _____, a Justice of the Peace in and for the State of South Australia.

No: _____

Justice of the Peace Signature _____

DIRECTOR/PRINCIPAL'S CERTIFICATE:

I CERTIFY that the attached account relates to the incident described on the attached Accident/Incident Report form (ED155) dated / / .

Signature of Director/Principal _____ Date / /