



## HEALTH INFORMATION SCHEDULE

Please pay specific attention to any clause in **red or bold!** These clauses either require an **acknowledgement** by you, you are taking on any **risk or liability** or **limiting the risk or liability** of the School or you **are indemnifying** the School. Please **read this Health Information Schedule carefully** and ask if you have any questions!

### CHILD'S DETAILS:

Full Names and Surname:									
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Age:

### PARENTS DETAILS:

Mother's Name and Surname:								
Father's Name and Surname:								

### DOCTOR'S DETAILS:

Name and Surname:								
Practise Name:								
Contact Number:								

### MEDICAL AID (If applicable):

Main Member:								
Medical Aid Name:								
Plan:								
Membership Number:								

### IMMUNISATION (If applicable):

Vaccination:	Date of Vaccination:							
Whooping Cough, Diphtheria:								
Tetanus (3 in 1 or DWT):								
Polio:								
BCG Vaccination (Tuberculosis):								
Measles, Mumps, Rubella:								

### MEDICAL HISTORY:

Has your Child suffered from the following?

	YES	NO		YES	NO
Measles			Diphtheria		
Chickenpox			Mumps		
Rheumatic Fever			Whooping Cough		
Scarlet Fever			Asthma		



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Monaghan Farm, Ashenti Road, LANSERIA, South Africa





Has your Child undergone any operations? *If yes, please specify:*

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Any other medical problems? *If yes, please specify:*

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Does your Child suffer from any allergies? *If yes, please specify:*

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Is your Child a vegetarian or vegan? *If yes, please specify:*

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Any other food restrictions? *If yes, please specify:*

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### MEDICAL EMERGENCY SITUATION

*I hereby consent and give permission to the School to:*

1. Seek medical attention for my child **and transport my Child** in the case of an emergency.
2. Attend to such injury *in loco parentis*.
3. Consent to any medical treatment for my child should such consent be required for medical reasons on an urgent basis and:
  - a. *should it not be possible for the parents and/or legal guardians to be contacted timeously; and/or*
  - b. *in the case where the parents and/or legal guardians cannot be reached.*
4. I agree that all expenses incurred by the School shall be for my account and I shall reimburse the School in full.

Signature of Guardian: \_\_\_\_\_

Date:

D	D	M	M	Y	Y	Y	Y
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