



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		



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

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

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

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

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

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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