



DAY STUDENT MEDICAL INFORMATION

Please complete both sides and return this form to the College.

SURNAME OF STUDENT: _____

FIRST NAMES: _____

DATE OF BIRTH: _____ ID NUMBER: _____

CELL NUMBER: _____ GRADE: _____

NAME OF DOCTOR: _____ TEL NO: _____

Please note that we are unable to dispense any form of medication to pupils without express written permission from parents.

We believe that in effectively managing a large school, we can assist the parents by making the following medications available:

Paracetamol tablets	Paracetamol syrup
Cleansing antiseptics	Antihistamine cream for stings and bites
Throat Lozenges	Elastoplast

We ask that you indicate the options to which you give your consent:

- Option A The school representative may make available and administer only the medicines as listed above. All medicine administered will be recorded.

- Option B The school representative may NOT administer any form of medication and must contact me should my child be ill.

- Option C I have given separate written permission for the administering of medication other than the medicines listed above. (allergies, bee stings, etc.)

I give consent for Option (s): A B C (tick the appropriate boxes)

INOCULATIONS / VACCINATIONS

Please indicate by marking the relevant block whether your child has been vaccinated against the FOLLOWING:

	YES	NO	IF YES, DATE LAST GIVEN.
TETANUS (T.T)			
HEPATITIS B			

ALLERGIES:

	Yes	No	Treatment received
Asthma			
Bee Stings			
Food			
Medicine			
Other-			

MEDICAL PROCEDURES:

	Yes	No	Treatment received
Operations			
Fractures			

MEDICAL AID DETAILS:

NAME OF FUND: _____ MEDICAL AID NO: _____

FULL NAME OF PRINCIPAL MEMBER: _____

I.D. NO OF PRINCIPAL MEMBER: _____ D.O.B OF PRINCIPAL MEMBER: _____

SUFFIX OF STUDENT (If applicable): _____

PARENT DETAILS:

FATHER'S NAME AND SURNAME: _____

BUSINESS PHONE/ CELL NO: _____

MOTHER'S NAME AND SURNAME: _____

BUSINESS PHONE/ CELL NO: _____

HOME ADDRESS: _____

HOME PHONE NO: _____ FAX NO: _____

E-MAIL ADDRESS: _____

ADDITIONAL REMARKS: _____

NAME OF PARENT / GUARDIAN: _____

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____