

EMERGENCY DETAILS

Full name of child:

Date of birth: Age: Gender:

Full name of father:

Cell no: Home tel no:

Work tel no: ID Number:

Full name of mother:

Cell no: Home tel no:

Work tel no: ID Number:

Child's doctor: Tel no:

Address:

Medical aid: Medical aid no:

Person responsible for account: I.D no:

MEDICAL HISTORY

Any medical conditions, allergies (please list):

If your child has a life threatening condition, provide detailed information in case of an emergency. In extreme cases, provide emergency medication, dosage, indications of use and authorisation.

Next of kin (to be contacted if parents are unavailable.)

Name: Tel no: Relationship:

Name: Tel no: Relationship:

I hereby confirm that the above-mentioned details are complete and correct.

Signed: (mother)..... Date:

Signed: (father) Date: