

EMERGENCY DETAILS & HEALTH INFORMATION

Full name of child:.....
Date of birth: Age: Gender:
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, or if chronic medication is needed - dosage, indications of use and authorisation to administer.

Children having had or displaying the following symptoms will not be allowed at school for their own health and safety as well as others.

- Diarrhea, or vomiting, or high fever 24 hours prior to the start of the school day.
- An undiagnosed rash, ringworm, pinkeye, pinworms, chickenpox, measles
- Cough or cold, runny nose, hair lice
- Confirmed or suspected contact with COVID-19 infected person
- Any other infectious diseases.

If the child becomes ill during the day, he/she will be allowed to lie down and we will contact the parent to collect the child. General medication will not be administered at school, unless a regular dosage is required, by which a written consent by the parent is required. **Any medication, whatsoever, should be given directly to the teacher, and not to be placed in a child's bag for everyone's safety!!!**

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).....

Contact number..... Date:

Signed(father.....

Contact number..... Date: