

## EMERGENCY DETAILS & HEALTH INFORMATION

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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: .....  
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### MEDICAL HISTORY

Any medical conditions, allergies (please list):

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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.

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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, hair lice
- 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!!!**

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

Name: ..... Tel no: ..... Relationship: .....

Name: ..... Tel no: ..... Relationship: .....  
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I hereby confirm that the above-mentioned details are complete and correct.

Signed: (mother).....

Contact number..... Date: .....

Signed: (father).....

Contact number..... Date: .....