

# MEDICAL & HEALTH INFORMATION

## MEDICAL INFORMATION QUESTIONNAIRE

Name of Learner	
Country of Birth / Origin	
List severe allergies that require medical intervention by a doctor or hospitalization:	
What symptoms does the Learner present when exposed to the above allergen?	
List other minor allergies (e. g. dust ):	
List all surgery the Learner has had (e.g. Appendix, tonsils):	
List all medical procedures the Learner has had (e.g. Gastroscopy):	
List all other hospitalizations:	

## CURRENT USE OF MEDICATION

Name of Medication	Dosage	Per Day	Reason for Use	Period Used

## HISTORY OF HEALTH

Family history of any serious medical conditions (diabetes, epilepsy, asthma etc.):
List any emotional trauma the Learner has had (e.g. loss of a parent):
List any physical problems the Learner may have:

## IMMUNIZATION

Confirm whether the learner is immunized against the following illnesses:

Poliomyelitis		Tuberculosis		Tetanus		Whooping Cough	
Diphtheria		Measles		Mumps		German Measles	

Immunization against both Poliomyelitis and Tuberculosis (B.C.G.) are legally compulsory. Written evidence of immunization against these may be requested when the learner is admitted to school for the first time.

## DISPENSING OF MEDICATION AT SCHOOL

Name of Learner			
<i>The school may supply my child with the following medicine when required. (Please tick appropriate box.)</i>			
Panado Tablets / Syrup (or generic equivalent): for pain, fever or headaches.	Yes:	No:	
Valoid (or generic equivalent): for nausea.	Yes:	No:	
Imodium (or generic equivalent): for diarrhea.	Yes:	No:	
Chamberlains Colic Cure / Buscopan: for stomach cramps.	Yes:	No:	
Please indicate clearly if NO medicines are to be supplied at all.	No Medicine at all.		

## MEDICAL EMERGENCY CONTACT DETAILS

Name of Medical Practitioners	Practise	Telephone
	General Practitioner	

Name of Specialist Practitioners	Practise	Telephone
	Occupational Therapist	
	Speech Therapist	
	Psychologist	

## BACK UP EMERGENCY CONTACT PERSONS

Name & Surname	Telephone Number	Relationship

**SUMMARY TO SCHOOL MEDICAL POLICY**

1. Please note that we do not carry a large variety of medicine in our stock. Should your child have any minor ailments he / she will be comforted and taken care of to the best of our ability. Only in special circumstances will prescribed medicine sent from home be administered to the learner if accompanied by a written request from the Parent / Guardian and also given clear instructions with regards the dosage to be used.
2. Light cuts and bruises will be attended to through the application of basic first aid treatment. The Office Secretary will be in contact with the parents / guardian when deemed necessary.
3. It is the parent's responsibility to ensure that all immunizations are done and kept up to date. For parents with conscientious beliefs a signed and notarized immunization waiver would be required.
4. No learner may attend school if they have had any of the following symptoms within 12 hours prior to a new school day: vomiting, diarrhea, temperature more than 38°C or any contagious sicknesses.
5. Feel free to read the Health & Safety Policy available through the School Administrations Office.
6. Please note that in the event of an emergency, everything possible will be done for your child and the emergency services will be contacted. You will be contacted by the Principal or School Office Staff as soon as possible.

**Declaration:**

I, ..... the Parent / Guardian of  
..... hereby declares that all the preceding  
medical and health information regarding the learner is true and correct on date of this application.

.....  
Signature (Parent / Guardian)

.....  
Date