



HEALTH AND MEDICAL FORM 2018 – 2019

Student's Name: _____

Class/Village: _____

Date of birth: _____

Male/Female: _____

Details of mother (or guardian):

Name: _____

Cell no: _____ *Work no:* _____

Details of father (or guardian):

Name: _____

Cell no: _____ *Work no:* _____

In case of an emergency, who should be called?

1st: _____ 2nd: _____

Emergency Contacts Details (other than mother or father):

1. *Name:* _____ *Phone no:* _____

Relationship to student: _____

2. *Name:* _____ *Phone no:* _____

Relationship to student: _____

Details of doctor:

Name: _____

Cell no: _____ *Clinic no:* _____

Medical conditions:

Does your child have any medical condition/s that the school doctor/nurse/teacher needs to be aware of (such as diabetes, asthma, epilepsy, anxiety, depression etc)?

Does your child take any medication on a regular basis? If so, please state the name(s) of the medication(s) and proper dosage (as prescribed by the doctor):

Does your child need to take this medication during school hours? If so, please state the preferred times for respective medications:

Does your child have any allergies (medical, food, environmental, etc)? If so, please state below:

*I hereby **GIVE** consent for (name of child) _____ to receive basic first aid medical treatment at school, including treatment to minor cuts/scrapes, pain killers for minor ailments, calcium carbonate for abdominal discomfort.*

*I hereby **DO NOT GIVE** consent for (name of child) _____ to receive any treatment at school. (In this event, please attach further instructions on how would you like us to proceed in the event of an emergency.)*

Parent Name: _____
(please print)

Signature: _____ **Date:** _____



MEDICATION ADMINISTRATION FORM 2018-2019

Student's Name: _____

Class/Village: _____

I hereby authorize the staff of Woodland Star School to administer the following medication in the following dosage to my child. I release Woodland Star School from all liability for administering the stated medication in the stated dosage.

Medication 1:

Condition for which prescribed:

Possible side effects:

Instructions for usage:

Correct dosage:

Time(s) of administration:

Medication 2:

Condition for which prescribed:

Possible side effects:

Instructions for usage:

Correct dosage:

Time(s) of administration:

Doctor signature:

Date:

Parent/Guardian signature:

Date:
