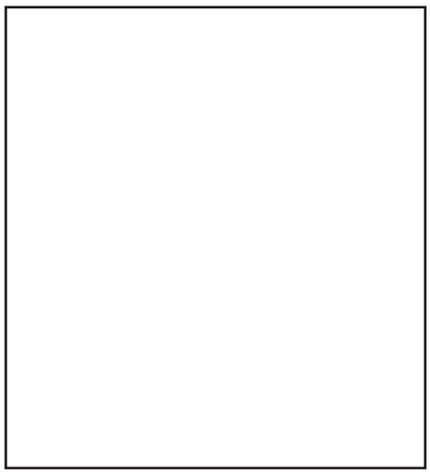
Safari Kid

... a jungle of knowledge

MEDICAL FORM

Medical Form



Child's Photograph

General Information

Child's Name:	
Date of Birth:	
Gender:	

Parent's Information

	Mother	Father
Name:		
Mobile Number:		
Home Number:		
Work Number:		

Emergency Contact *(Other than parents)*

Name:	Home Number:
Relationship:	Mobile Number:
Family Doctor:	Telephone:

Does your child have, or has your child suffered from any of the following health related issues?

	YES	NO		YES	NO
Allergies	☐	☐	Rheumatic Fever	☐	☐
Asthma	☐	☐	Diabetes	☐	☐
Bone/Joint Injury	☐	☐	Epilepsy	☐	☐
Chronic Illness	☐	☐	Skin Disorder	☐	☐
Concussion	☐	☐	Thalassaemia	☐	☐
Hernia	☐	☐	Heart Disease	☐	☐
Heart Murmur	☐	☐	Loss of Hearing	☐	☐

If you have answered yes to any of the above, please speak to the Director or the Nurse directly.

Does your child have, or has your child suffered from any of the following health related issues?

	Date	YES	NO		Date	YES	NO
Chicken Pox		☐	☐	Infectious Hepatitis		☐	☐
Diphtheria		☐	☐	Measles		☐	☐
Dysentery		☐	☐	Rubella		☐	☐
Scarlet Fever		☐	☐	Tuberculosis		☐	☐
Whooping Cough		☐	☐				

Blood Group

Blood Group of Child	
Blood Group of Mother	
Blood Group of Father	

Has the child ever been admitted into a hospital or undergone any surgery? If yes please give details.

YES ☐ NO ☐

Is the child on medication; Short term or Long term? If yes please give details.

YES ☐ NO ☐

Has your child been assessed by a specialist such as an Occupational Therapist, Speech Therapist or other? If yes, please provide details to the Director including dates and any reports which you were given.

Any other important information relating to your child's health that you feel we might need to know?

Parent's Name (PRINT PLEASE):

Parent's Signature:

Date: