



Medical Information Form

1 CHURCH LANE
 HILTON
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This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student. This information will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and will only be disclosed during an emergency. Please note that in the absence of a specific plan, the school will follow its set out protocol.

Student Information

Student Name: _____ DOB: _____ Grade: _____

Address: _____

Doctor Name and Telephone Number: _____

Parent/Guardian Contact Information

Parent 1: _____

Parent 2: _____

Mother Father

Mother Father

Home Number: _____

Home Number: _____

Cell Number: _____

Cell Number: _____

Work Number: _____

Work Number: _____

Emergency Contact:	Relationship to Learner	Home Number	Business Number	Cell Number

In the event of an emergency, please state which hospital you would like your child to go to: _____
 _____: or we will take your child to the **LIFE HOSPITAL**
IN HILTON unless otherwise stated.

Medical Conditions/Allergies

- | | | | | |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hay fever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problem. |
| | | | | <input type="checkbox"/> sun screen sensitivity |

Other Conditions: _____

Describe what happens for any of the conditions ticked above:

Prescription Medication – To Be Taken At School

Medication:	Dosage:	Times a Day:	Notes:

Over – the – Counter Medication

I consent to my child receiving paracetamol (Panado) for temporary pain relief. Yes/No

By law we are not allowed to dispense of any medication be it panado, disprin or any other over the counter medication without written consent from the parent. Medication must be provided by parent.

Medical Aid Details

Name of the principle member: _____

Medical Aid: _____

Medical Aid Number: _____

Does your Medical Aid cover costs for the LIFE HOSPITAL HILTON: _____

Consent to medical attention: In the case of my child requiring medical treatment or in the case of a medical emergency, I/we authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: _____ Date: _____

Signed: _____ Date: _____

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student while at school or on an excursion.

By law we are not allowed to dispense of any medication be it panado, disprin or any other over the counter medication without written consent from the parent.