



# The Regent Primary School

## Medical Information Form

**PLEASE COMPLETE ALL SECTIONS OF THE FORM.**

**PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN MEDICAL STATUS AND/OR ADDRESS.**

Surname:.....Given names:.....

Male/Female:.....Date of birth [date/month/year].....

Height: .....Weight: .....

Body mass index.....

### Immunisation Record

### Date

BCG: .....

Hepatitis: .....

DPT: .....

Yellow fever .....

Poliomyelitis: .....

Typhoid: .....

Meningitis: .....



# The Regent Primary School

## Medical History

Has your child ever suffered from any of the following? If so, please provide details in a separate document certified by a medical doctor.

*(Please circle)*

➤ Asthma	yes	no
➤ Allergies	yes	no
➤ Heart condition	yes	no
➤ Sight	yes	no
➤ Hearing	yes	no
➤ Dental	yes	no
➤ Fear/phobia	yes	no
➤ Epilepsy	yes	no
➤ Diabetes	yes	no
➤ Bleeding disorder e.g., nose bleeding	yes	no
➤ Muscular/skeletal (ankle, back, knee, joint) problem	yes	no
➤ Any major injury or surgery in the last 12 months	yes	no
➤ Constant headaches/migraines	yes	no
➤ Does your child wear glasses or contact lenses?	yes	no
➤ Is your child currently on any medications?	yes	no

If your child suffers from any condition which may be aggravated by fully participating in sporting activities please detail the condition.

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Special dietary needs

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## Asthma Management Section (for asthmatics)

Medications and dosages.

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What triggers your child's attacks?

Describe the signs and symptoms your child experiences before or during an attack.

Where is the child being followed up for his /her asthmatic condition?.....

.....

Has the child been hospitalised because of it?.....

.....

How often does he /she have an attack?.....

.....

Should your child be excluded from specific activities e.g. sports? Please give detail.



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## Allergies

**Please specify what your child is allergic to**

Please detail the signs and symptoms.

Has the child ever been admitted to hospital for an allergic reaction? If yes, please detail.

In the event of an allergic reaction, what emergency treatment is preferred?

Does the child wear a medical alert bracelet or pendant? If yes, please give details.



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## Medical Certificate Section

Eye: left: ..... Right: .....

Hearing: left ..... Right: .....

Dental test: .....

.....

Hbs Ag, Hcv: .....

Blood group: ..... Genotype: .....

I certify that .....has been examined and

☐ He/she is physically fit to participate in all school physical activities and athletics.

☐ He/she is restricted from participation in school physical activities and athletics as follows:

.....

.....

.....

Name of Doctor..... Doctor's Signature.....

Name of Hospital.....

Telephone No.....Date.....

EMERGENCY CONTACT (if parents/guardian cannot be reached)

Relative/friend's name: .....

Phone numbers: .....

Family doctor's name: .....

Phone numbers.....



# The Regent Primary School

Office address.....

.....

Name of Guardian: .....

Phone number: .....

I/we give consent to the school for my child

(Name of the child).....

To be treated in the school by the School Nurse or Doctor in the event of an illness or an injury, and if necessary, to be referred to hospital.

Name of father: .....

Phone number: .....

Signature: .....

Name of mother: .....

Phone number: .....

Signature: .....

Date: .....

***If you would not want your child taken to hospital, please provide alongside this document, written instructions duly signed, stating what you would have done.***