



SERIOUS MEDICAL CONDITIONS

Name of Child: _____

Grade/Group: _____

1. Medical Condition:

2. Symptoms of Condition:

How long will it take for these symptoms to appear in the event of an "incident"?

3. Medication Required:

4. Emergency Treatment:

PLEASE TURN OVER

5. Emergency Contacts:

Parent: _____

Doctor: _____

Medical Aid: _____ Medical Aid Number: _____

As per the Enrolment Agreement, if the Parents are unable to be contacted, the Parent consents to the administration of medical treatment to the child and the Parent undertakes to reimburse the school the costs of same.

Parent's Signature: _____

Date: _____