

## ST MICHAEL'S SCHOOL – INFIRMARY INFORMATION

**A photocopy of your medical aid card must accompany this form.**

Kindly complete this form in respect of your daughter and hand it in to the Register teacher on the first day of the school year. This information is vital for either a day girl or boarder should an emergency arise.

Name of learner: ..... Grade: .....

Birth date: .....

Father's initials and surname: .....

Father's tel. No: (w) ..... (h) .....

Father's cell No: ..... Father's ID: .....

Mother's initials and surname: .....

Mother's tel. No: (w) ..... (h) .....

Mother's cell No: ..... Mother's ID: .....

Address: .....

.....

.....

Medical Aid Name and No: .....

Immunized against: Diphtheria: ..... Tetanus: ..... Measles: .....

Poliomyelitis: ..... BCG: .....

Has she resulting disabilities? Yes / No Is her heart in good condition? Yes / No

Is she subject to eczema? Yes / No: caused by: .....

Is she subject to hay fever? Yes / No: caused by: .....

Is she subject to asthma? Yes / No: caused by: .....

Has she any other allergies? If so, give details .....

.....

Please give details of operations to date: .....

.....

**PTO**

Is there any reason why she should not take part in sports? .....  
If so, please furnish a doctor's certificate.

Please circle any of the under-mentioned illnesses she has had.

Bronchitis	Encephalitis	Whooping Cough
Pneumonia	Diphtheria	Measles
Pleurisy	Scarlet Fever	German Measles
Rheumatic Fever	Mumps	Meningitis
Chicken Pox	Poliomyelitis	Porphyry
Epilepsy	Diabetes	

Has she had any other illnesses not mentioned above? Please give details:

.....

I, parent of ..... give permission for the hostel supervisory staff to take my child to the doctor in cases of emergency. I understand that the hostel supervisory staff will still contact me before taking my daughter to the doctor. **Please note that the school will not be held responsible for any costs if no medical aid is available.**

.....  
Signed

.....  
Date

**The information requested below applies to boarders only:**

School Doctors: Drs M Victor & C Nel; Dr I de Wit; Dr CM Potgieter (Medicross)  
Dentist: Dr Bosman (Medicross)

State the name of a doctor or dentist and give full particulars should he be of your own choice:

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*Please Note:* It is advisable to open a chemist account for your daughter at Waverley Pharmacy in Andries Pretorius Street for medicines, toiletries, etc Tel: 051 433 5000 or Fax 051 433 5097

***Please Note:* This medical information will be kept on file and updated yearly. Please inform the office of any changes of address, Medical Aid and telephone numbers. This is of the utmost importance if immediate contact with you is required in the case of an emergency.**

*Please Note:* In order to prevent accidents, it is strictly forbidden for a learner to keep any medication in her room. All medicines must be kept under lock and key in the infirmary.

I, parent of ..... **give the school permission to add any medical levies, additional costs or prescription costs to my school account.** I understand that the hostel supervisory staff will contact me regarding these costs.

.....  
Signed

.....  
Date