



## Medical Record

Name and surname of child: \_\_\_\_\_

Name of Medical Aid: \_\_\_\_\_

Medical Aid number: \_\_\_\_\_

Name of your General Practitioner: \_\_\_\_\_

Telephone number of your GP: \_\_\_\_\_

Allergies: \_\_\_\_\_

Serious illnesses: \_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

### **Administering of Medication**

Due to regulations, schools are unable to provide health care for your child. We are, however, able to administer "First Aid". The DSD First Aid cupboard contains:

Panado (Syrup/tablets) – headache

Allergex (emergency, but will phone prior to administration)

Plasters

These are administered with caution. However, the school needs the written consent of the parent/guardian for your child to be able to receive any of the above.

I, \_\_\_\_\_, parent/guardian \_\_\_\_\_

of \_\_\_\_\_,

am/am not in agreement with the above medication being administered to my child, if deemed necessary.

Signature: \_\_\_\_\_

**NB. Please attach copy of immunization record**