



Somerset College

Celebrating Potential

STUDENT MEDICAL INFORMATION

Please complete both sides and return this form to the College.

SURNAME OF PUPIL: _____

FIRST NAMES: _____

ID NUMBER: _____

GRADE: _____

CELL NUMBER: _____

Please note that we are unable to dispense any form of medication to pupils without express written permission from parents.

We believe that in effectively managing a large school, we can assist the parents by making the following medications available:

Paracetamol tablets	Paracetamol syrup
Cleansing antiseptics	Antihistamine cream for stings and bites
Throat lozenges	Elastoplast

We ask that you indicate the options to which you give your consent:

Option A The school representative may make available and administer only the medicines as listed above. All medicine administered will be recorded.

Option B The school representative may NOT administer any form of medication and must contact me should my child be ill.

Option C I have given separate written permission for the administering of medication other than the medicines listed above (for allergies, bee stings, etc).

I give consent for Option (s):

A	B	C
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(tick the appropriate boxes)

INNOCULATIONS / VACCINATIONS

Please indicate by marking the relevant block whether your child has been vaccinated against the FOLLOWING:

	YES	NO	IF YES, DATE LAST GIVEN.
TETANUS (T.T)			
HEPATITIS B			

ALLERGIES:

	Yes	No	Treatment received
Asthma			
Bee Stings			
Food			
Medicine			
Other-			

OPERATIONS:

	Yes	No	Treatment received
Operations			
Fractures			

MEDICAL AID FUND: _____ MEDICAL AID NO: _____

FULL NAME OF PRINCIPAL MEMBER: _____

I.D. NO OF PRINCIPAL MEMBER: _____ D.O.B. OF PRINCIPAL MEMBER: _____

SUFFIX OF STUDENT (If applicable): _____

FATHER'S NAME AND SURNAME: _____

BUSINESS PHONE/CELL NO: _____

MOTHER'S NAME AND SURNAME: _____

BUSINESS PHONE/CELL NO: _____

HOME ADDRESS: _____

HOME PHONE NO: _____ FAX NO: _____

E-MAIL ADDRESS: _____

LOCAL CONTACT FOR MEDICAL EMERGENCIES: _____

ADDITIONAL REMARKS: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____