

**ELLERTON PRIMARY SCHOOL - MEDICAL INFORMATION 20.....**

<b>1. LEARNER DETAILS</b>				
NAME & SURNAME				
GRADE				
ALLERGIES				
CHRONIC ILLNESSES				
CHILD'S DOCTOR'S NAME & CONTACT DETAILS				
<b>2. PARENT/GUARDIAN INFORMATION</b>				
PARENT 1/GUARDIAN 1 NAME AND SURNAME				
CONTACT NUMBERS				
PARENT 2/GUARDIAN 2 NAME AND SURNAME				
CONTACT NUMBERS				
<b>3. MEDICAL AID DETAILS</b>				
<b>*PHOTO COPY OF MEDICAL AID CARD TO ACCOMPANY FORM</b>				
IS YOUR CHILD ON A MEDICAL AID?	NO		YES	
MEDICAL AID NAME				
MEDICAL AID NUMBER				
NAME OF MAIN MEMBER				
PERMISSION TO TAKE YOUR CHILD TO THE NEAREST PRIVATE DOCTOR IN AN EMERGENCY.	NO		YES	
PERMISSION TO CALL A PRIVATE AMBULANCE IN AN EMERGENCY.	NO		YES	
<b>4. NO MEDICAL AID</b>				
IS YOUR CHILD A PATIENT AT GREENPOINT DAY CLINIC?	NO		YES	
IS YOUR CHILD A PATIENT AT SOMERSET HOSPITAL?	NO		YES	
PERMISSION TO TAKE YOUR CHILD TO THE NEAREST PRIVATE DOCTOR.	NO		YES	
PERMISSION TO CALL AN AMBULANCE.	NO		YES	
<b><i>THE PARENT/GUARDIAN IS RESPONSIBLE FOR THE DOCTOR AND/OR AMBULANCE ACCOUNTS.</i></b>				

PARENT 1/GUARDIAN 1 NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_

PARENT 2/GUARDIAN 2 NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_

WITNESSNAME &amp; SURNAME: \_\_\_\_\_ SIGN: \_\_\_\_\_