



Somerset College

DAY STUDENT MEDICAL INFORMATION

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

Surname of Student: _____

First Names: _____

Date of Birth: _____ I.D. Number: _____

Cell Number: _____ Grade: _____

Name of Doctor: _____ Tel No: _____

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. (allergies, bee stings, etc.)

I give consent for Option (s):

| | | |
|---|---|---|
| A | B | C |
|---|---|---|

(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 - | | | |

MEDICAL PROCEDURES:

| | Yes | No | Treatment Received |
|------------|-----|----|--------------------|
| Operations | | | |
| Fractures | | | |

MEDICAL AID DETAILS:

Name of 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): _____

PARENT DETAILS:

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: _____

Additional Remarks: _____

Name of Parent / Guardian: _____

Signature (Parent / Guardian): _____

Date: _____