SPECTRA
GLOBAL SCHOOL

# MEDICAL FORM

| Child's Name | |
|---|---|
| School Year | |
| Class | |

Please complete all sections of this medical form and return to the school with the **Application form**

| **A – INFECTIOUS DESEASES ( please tick ✓ where appropriate)** | | | |
|---|---|---|---|
| Has your child ever had: | YES | NO | If yes, please state the date of infection |
| Chickenpox | | | |
| Diphtheria | | | |
| German Measles | | | |
| Measles | | | |
| Mumps | | | |
| Polio | | | |
| Scarlet Fever | | | |
| Tuberculosis | | | |
| Whooping Cough | | | |
| **B – OTHER CONDITIONS** | | | |
| Does your child suffer from: | YES | NO | If yes, please give relevant details. |
| Asthma | | | |
| Epilepsy | | | |
| Diabetes | | | |
| Anaphylaxis | | | |
| Other (please give details) | | | |
| | | | |
| | | | |

| **C – SERIOUS ILLNESS/MAJOR SURGERY** | | | |
|---|---|---|---|
| Please give details of any **Illnesses/ Severe Injuries** *(breaks, etc.)* or **Surgeries** that your child has undergone: | | | |
| Incident | Hospitalized | After Effects | Further Details |
| | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Other (please give details) | | | |
| | | | |
| | | | |

| D – SEN REQUIREMENTS | | | |
|---|---|---|---|
| Does your child have any diagnosed Learning Difficulties? Please disclose and provide All details in this regard. | | | |
| Impairment | Yes ☐ | No ☐ | If yes, please give details |
| Visual | | | |
| Hearing | | | |
| Attention Deficit ADHD | | | |
| Autism | | | |
| Asperger's Syndrome | | | |
| Other: *(Please Explain)* | | | |
| | | | |
| | | | |

| E – ALLERGIES | | | |
|---|---|---|---|
| Does your child suffer from any Allergies?<br>Eg. Food,drug, environment | Yes ☐ | No ☐ | If Yes, PLEASE complete the following thoroughly |

| Ailment | Trigger | Medication Taken |
|---|---|---|
| | | |
| | | |
| | | |
| Other (please give details) | | |
| | | |
| | | |

| F – MEDICATION | | | |
|---|---|---|---|
| Does your child need any regular medication? | Yes ☐ | No ☐ | If Yes, PLEASE provide all necessary details. |
| If So, please give details | | | |
| | | | |
| | | | |
| Does your child self-medicate? | Yes ☐ | No ☐ | |

| **G – EMERGENCY CONTACT DETAILS** | | | | |
|---|---|---|---|---|
| ***In the case of an EMERGANCY, PLEASE make the necessary contact in the following Order*** | | | | |
| Order | Name | Relationship to child | Contact Number/s | |
| 1st | | | | |
| 2nd | | | | |
| 3rd | | | | |

| **H – MEDICAL INSURANCE DETAILS** | | |
|---|---|---|
| Do you have Medical Insurance for your child | Yes ☐ | No ☐ |
| Medical Insurance Provider | | |
| Medical Insurance Number | | |
| Other: please provide any relevant details | | |
| | | |

| **I – PERMISSION FORM** | | |
|---|---|---|
| Do we have permission to provide emergency care through a clinic, hospital, private doctor or school first aid person as necessary?<br>(**NB – this MAY NOT be covered by your medical insurance company) | Yes ☐ | No ☐ |
| Do we have permission to administer PARACETEMOL or an equivalent in case of mild fever? | Yes ☐ | No ☐ |
| Do we have your permission to use BANDAID on your child in case of cuts/injuries? | Yes ☐ | No ☐ |
| Do we have your permission to conduct regular Head-Lice checks on your child? | Yes ☐ | No ☐ |

**J - DECLARATION:**

- I hereby Confirm and Declare that ALL details provided by me on this form are Accurate and Up-to-Date.
- I will inform the SGS Administration of any changes to these medical details.
- I will Not hold the School responsible for any reason, if it is found that the information provided on this form is incorrect or incomplete.

| Parent's Name | Signature | Date (dd/mm/yyyy) | |
|---|---|---|---|
| | | | |