



## Medical & Social Form

Child's Full Name	
Academic Year	20 2..... / 20 2.....
Class / Year Group	Y..... Group .....
Term (Please select)	Term 1 / Term 2 / Term 3

Please complete all sections of this form and return to the school ASAP

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			
COVID -19 ( If Yes, please give the details and attach a copy of the report):			
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 <b>Illnesses/ Severe Injuries</b> ( <i>breaks, etc.</i> ) or <b>Surgeries</b> that your child has undergone:			
Incident	Hospitalized	After Effects	Further Details
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/>	No <input type="checkbox"/>	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?  
E.g. 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

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Does your child self-medicate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide the details:
Does your child need any medication for any emergency purpose?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please mention the name of the medication, dose to administer, route and frequency
Contact Number of the Parent in case of an immediate emergency			
Have you informed the school nurse and handed over the medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**G – EMERGENCY CONTACT DETAILS *(except parents)***

***In the case of an EMERGENCY, PLEASE make the necessary contact in the following Order (except parents)***

Order	Name	Relationship to child	Contact Number/s
1st			
2nd			
3rd			

H – MEDICAL INSURANCE DETAILS ( Please attach a copy of the medical card)		
Do you have Medical Insurance for your child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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? (*NB – this MAY NOT be covered by your medical insurance company)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do we have your permission to use BANDAID on your child in case of cuts/injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

WE WILL NOT BE ADMINISTERING ANY MEDICATION OTHER THAN THE EMERGENCY DRUGS HANDED OVER TO THE SCHOOL NURSE BY THE PARENTS [EPIPENS, INHALERS AND ALLERGIC OINTMENTS AS PRESCRIBED BY THE PHYSICIAN].

KINDLY LABEL THE MEDICATIONS WITH THE DETAILS BEFORE HANDING THEM OVER TO THE SCHOOL NURSE.

J- Social Information		
Family Status	Answer	
	Yes	No
Living with parents		
Deceased Father		
Father remarried		
Deceased mother		
Mother remarried		
Divorced		
If divorced, please answer the questions below :		
With whom does your son/daughter live? -----		
If your child has any social problem that is not mentioned above, write it below:-----		
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K- DECLARATION:		
<ul style="list-style-type: none"> <li>I hereby Confirm and Declare that ALL details provided by me on this form are Accurate and Up-to-Date.</li> <li>I will inform the SGS Administration of any changes to these medical details.</li> <li>I will abide by the guidelines that are approved by the Ministry of Public Health.</li> <li>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.</li> </ul>		
Parent's Name	Signature	Date (dd/mm/yyyy)

