

Ocean Crest School

Health Information Form

1. Please tick below any of the following health information concerning your child which the school needs to be aware of:

a) Medical conditions:

Eye Nose bleeding Ear None

b) Health problem

Asthma Sickle Cell Anaemia None

c) Allergies:

Food Fruit Plant None

d) Specific Learning difficulties:

Dyslexia A.D.D None

Any other relevant health information:

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2. Has your child been immunized against any of the following?

Meningitis Yes No Mumps Yes No

German Measles Yes No Whooping Cough Yes No

Polio Yes No Small Pox Yes No

Tetanus Yes No Hepatitis Yes No

Tuberculosis Yes No Chicken Pox Yes No

(Please attach proof of immunization)

3. The School Nurse may apply simple medication (e.g. Paracetamol) on my sick child

(If necessary) before my arrival Yes No

4. Child's Doctor (in an emergency)

Name:

Clinic /Address:

Telephone/Mobile:

Please note that for the safety of other children, a sick child should be kept at home until he/she is well enough to come to school.