



Medical Record

Name and surname of child: _____

Name of Medical Aid: _____

Medical Aid number: _____

Name of your General Practitioner: _____

Telephone number of your GP: _____

Allergies: _____

Serious illnesses: _____

Medication: _____

Administering of Medication

Due to regulations, schools are unable to provide health care for your child. We are, however, able to administer "First Aid". The DSD First Aid cupboard contains:

Panado (Syrup/tablets) – headache

Strepsils – sore throat

Mercurochrome – scrapes and cuts

Arnica cream – bruises

Plasters

These are administered with caution. However, the school needs the written consent of the parent/guardian for your child to be able to receive any of the above.

I, _____, parent/guardian of _____,
am/am not in agreement with the above medication being administered to my child, if deemed necessary.

Signature: _____

NB. Please attach copy of immunization record