



#### Details of Child

Name:	Surname:
Date of birth:	Gender:

#### Details of Mother

Name:	Surname:
ID number:	Occupation:
Home Tel:	Work Tel:
Cell no:	Employer:
Email:	Work Address:
Marital Status:	
Physical Address:	
Postal Address:	

#### Details of Father

Name:	Surname:
ID number:	Occupation:
Home Tel:	Work Tel:
Cell no:	Employer:
Email:	Work Address:
Marital Status:	
Physical Address:	
Postal Address:	

#### Nominated Guardians

Name:	Tel No.
Relationship:	Address:
Name:	Tel No.
Relationship:	Address

#### Communication

Preferred cell number for phone calls:
Preferred cell number for SMS messages:
Preferred cell number for WhatsApp's:
Preferred email address for Emails:
Other:

### Medical Information

Family Doctor:
Contact No:
Address:
In the event of an emergency, what action must be taken?

### Medical Report

General state of health:
Physical condition:
Previous operations:
Date of Operations:
Previous illnesses:
Date of last illness:
Previous communicable diseases i.e. measles, mumps, chickenpox:
Dates on which child suffered from such disease:
Are immunisations up to date?
When are next immunisations due?
Known allergies:
Known medical conditions:
Medications or treatment child receives for medical conditions.
Known chronic conditions:
Medications or treatment child receives for chronic conditions.

I, \_\_\_\_\_, parent of \_\_\_\_\_ hereby give permission that the nominated family doctor may be consulted in an emergency as understood by the Care-Giver. Should this doctor not be available, his/her locum or partner may be consulted.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of admission: \_\_\_\_\_

Date of discharge: \_\_\_\_\_