



### CONFIDENTIAL MEDICAL RECORD

Please complete this form as fully as possible and return it to the sister-in-charge at the International School of South Africa. If there is anything of special note in your child's medical history, it would be helpful if a letter/medical report could be enclosed with this form.

Name:		<b>Male</b>		<b>Female</b>							
Boarding House:						<i>To be completed by the school</i>					
Form:											
Address:											
						<b>Date</b>	<b>Month</b>	<b>Year</b>			
Date of entry to School:											
Date of Birth:											
Place of Birth:											
Contact Name:						Relationship:					
Work Tel no:											
Home Tel no:											
Mobile no:											
Fax no:											
Medical Aid no:											
Medical Aid name and address:											
Any allergies (including drug sensitivity):											

1. Has your child been immunized against the following? (Please enter dates)

	Yes	No	Date
Poliomyelitis			
Tetanus or DPT			
Rubella or MMR			
Tuberculosis (BCG)			

2. Does your child suffer from the following?

	Yes	No	Details
Asthma/Diabetes/Rheumatic Fever			
Eyesight defects (glasses)			
Ear infection/Hearing loss			
Hay fever			
Epilepsy/Fits/Convulsions			
Skin disorder			
Bed - wetting			
Orthopaedic problems			
Throat infections			
Nasal obstruction			
Dental problems (teeth)			
Menstrual problems			
Eating disorder			

If yes, please describe the problem:

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List any other problems?

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3. Is your child at present under any form of medical treatment?  
(If YES, please enclose doctor's letter)

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4. Does your child have any special dietary needs?

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5. Do you consider that your child is fit to take part in all the usual school sports and activities?

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6. Are there any other matters concerning your child's physical or mental health of which  
you feel the sister-in-charge should be aware of?

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Our aim at the Medical Centre is to provide a total nursing care service, and in times of illness or emergency it is extremely beneficial for your child both physically and psychologically, to have details of the family situation.

**FAMILY HISTORY**

Do any members of your immediate family suffer from the following diseases:  
Tick relevant box?

<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	TB
<input type="checkbox"/>	Sickle cell Anaemia
<input type="checkbox"/>	Other serious illnesses

Note: Immediate family includes parents, grandparents, brother, and sisters.

**Family Notes:**

This includes details of adoption, separation or divorce of parents and particulars of custody of child.

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Republic of South Africa

[www.issa.co.za](http://www.issa.co.za)

## MEDICAL CENTRE CONSENT FORM

I agree that the School Sister-in charge may carry out such immunisations as she deems necessary. I understand that in an emergency every effort will be made to obtain my consent to an operation and/or administration of an anaesthetic but if this proves impossible, I hereby authorize the Headmaster or his Deputy to act "in loco parentis".

Parent signature.....

Date.....