



Medical Form for Enrolment

CHILD INFORMATION

First Name		Family Name		
Date of Birth		Gender		Blood Group

PARENT'S / GUARDIAN'S CONTACTS

Name		Relationship to student	
Residential address		Telephone No.	
		Mobile (Cell) No	
Postal Address		Fax No	
		Occupation	
Business Address		Business Telephone	
		Mobile (Cell) No	

PERSONAL PEDIATRICIAN DETAILS

Doctor		Telephone No	
Address			
Other Medical Institutions		Telephone No	
		Telephone No	

EMERGENCY CONTACT

Name		Relationship	
Telephone No		Mobile (Cell) No	

CHILD'S HEIGHT AND WEIGHT

Date	Height	Weight	Class
At time of enrolment			

ALLERGIES

Allergy	Treatment
1.	
2.	
3.	
4.	
5.	

SPECIAL DIETARY REQUIREMENTS

CONGENITAL HEALTH CONDITIONS

Conditions	Treatment

PRIOR ILLNESS WITH INFECTIOUS DISEASES (PLEASE INDICATE)

Measles	Hepatitis A
Mumps	Chickenpox
Rubella	Scarlet fever
Diphtheria	Tuberculosis
Whooping cough	

DETAILS OF ANY SPECIAL ILLNESS/ INJURY, SURGERY PRIOR TO JOINING BIS

Date	Details	Treatment

IMMUNISATIONS (PLEASE INDICATE DATES IF POSSIBLE)

BCG				
Viral hepatitis B	1	2	3	
Polio	1	2	3	4
MMR(Measles Mumps Rubella)	MMR		MR	
DPT (Diphtheria Tetanus Whooping cough)	1	2	3	Booster
DT (Diphtheria Tetanus)	Booster 6 years		11 years	16 years
Hib (Haemophilus influenza)	1	2	3	
Other vaccines				

I certify that the information given is to the best of my knowledge correct.

In the event of a medical emergency, I give permission for my child(ren) to receive medical treatment as is deemed necessary by the medical authorities present.

Signed: _____
Parent / Guardian

Date: _____