



KAY-DEE EDUCARE CENTRE CC

(Registration Number: 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hillpark Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No: 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za



MEDICAL INFORMATION FORM BABIES TO GRADE R/0

**Medical
Forms**

1. PERSONAL DETAILS OF CHILD:

(Please use block letters)

| | | |
|--|--|--|
| SURNAME: | TITLE: | GENDER: |
| FIRST NAMES: | DATE OF BIRTH: | IDENTITY NUMBER: (on birth certificate) |
| NUMBER OF CHILDREN in household / family: | | |
| NAME OF MEDICAL AID (if applicable): | MEDICAL AID NO: | DEPENDANT NO: |
| SCHEME: | PRINCIPAL MEMBER: | |
| RELIGION (for blood transfusions): | ALLERGIES: | |
| ROAD TO HEALTH CARD (to be handed in to Kay-Dee): | CHRONIC ILLNESS/ES: | |
| CLINIC NAME (if applicable): _____ FAMILY DOCTOR NAME: _____ PRACTICE NUMBER: _____ ☎ TEL NO: _____ | PHYSICAL ADDRESS OF DOCTOR: _____ _____ _____ _____ | |
| IN CASE OF EMERGENCY: (Please provide contact name and numbers of next of kin / family / friend) NAME: _____ RELATIONSHIP: _____ ☎ TEL NO: _____ 📱 CELL NO: _____ | IN CASE OF EMERGENCY: (Please provide contact name and numbers of next of kin / family / friend) NAME: _____ RELATIONSHIP: _____ ☎ TEL NO: _____ 📱 CELL NO: _____ | |



I/WE ACKNOWLEDGE THAT THIS MEDICAL INFORMATION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ FATHER - INITIALS: _____ GUARDIAN - INITIALS: _____



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2. IMPORTANT MEDICAL INFORMATION:

| | |
|---|---------------------------------|
| Has the child had any serious accidents? YES / NO | If YES, please provide details: |
| Has the child had any operations / medical procedures? YES / NO | If YES, please provide details: |
| Any other medical information that might be needed in a medical emergency: | |
| Current medication name/s (if applicable & dosage): | |
| Permanent medication name/s (if applicable & dosage): | |
| Pre-existing condition/s that medication is required for (if applicable, eg. diabetes): | |
| Has anyone in your immediate family been exposed to Covid-19 and/or shown any symptoms? YES / NO | If YES, please state date: |
| Has your child had all the necessary vaccinations / inoculations? YES / NO | If NO, please provide details: |

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3. STATE WHETHER YOUR CHILD HAS CONTRACTED THE FOLLOWING DISEASES LISTED BELOW AND WHEN (DATE):

(If your child has not had any of the diseases listed below, please state "NO".)

| DISEASES | YES or NO | DATE OF OCCURRENCE |
|---|-----------|--------------------|
| Whooping Cough | | |
| German Measles / Rubella | | |
| Smallpox | | |
| Chickenpox | | |
| Polio | | |
| Scarlet Fever | | |
| Diphtheria | | |
| Mumps | | |
| TB | | |
| AIDS / HIV (please state if he / she is on anti-retroviral) | | |
| Meningitis | | |
| Hepatitis A, B or C | | |
| Foot and Mouth | | |
| Scabies | | |

- Pre-existing conditions (e.g. diabetes) are important for paramedics and doctors to know about.
- It is important to inform Kay-Dee Educare of any updates required to this information.

4. IF YOUR CHILD IS ALLERGIC TO ANY FORM OF MEDICATION (eg. PENICILLIN), INJECTIONS, TABLETS, POLLEN, GRASS, FOODS, etc.), PLEASE STATE BELOW HOW IT MANIFESTS ITSELF.

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5. IN CASE OF EMERGENCIES, IF YOUR CHILD HAS AN INJURY THAT REQUIRES MEDICAL TREATMENT, SUCH AS STITCHES, BROKEN BONES, FRACTURES, etc., MAY HE / SHE BE TAKEN FOR TREATMENT TO A HOSPITAL OR TO A DOCTOR? PLEASE STATE YES OR NO. IF NO, PLEASE STATE REASON.

(The parent(s) / guardian will be notified prior to us going ahead with treatment.)

6. IF YOUR CHILD IS PRONE TO DEVELOP THE FOLLOWING ON A REGULAR BASIS, KINDLY INDICATE HOW OFTEN:

| FREQUENT AILMENTS | FREQUENCY |
|------------------------|-----------|
| Colds | |
| Tonsillitis | |
| Ear aches | |
| Stomach aches | |
| Asthma | |
| Hay-fever / Sinus | |
| Hives | |
| Other (please specify) | |

- Please remember to send a detailed report with all assessments and outcomes that your child has received from the relevant doctors, psychologists, therapists, etc.
- We require a doctor's proof of medication to be administered daily, if applicable.

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7. MEDICAL MATTERS:

- 7.1 The staff at Kay-Dee Educare undergo training and do a refresher course every two (2) years in First Aid / CPR.
- 7.2 Children who are ill may not be brought to school especially under the following conditions:
- 7.2.1 Within 12 hours of a high temperature
 - 7.2.2 Within 48 hours of going onto an antibiotic
 - 7.2.3 Spots and rashes
 - 7.2.4 Ringworm and impetigo
 - 7.2.5 Sore throats, especially tonsillitis
 - 7.2.6 Infected eyes
 - 7.2.7 Any runny tummy
 - 7.2.8 Vomiting
 - 7.2.9 Yellow, green or brown runny noses
 - 7.2.10 Weeping ears
 - 7.2.11 LICE – a clinic and/or doctors certificate is required stating that your child is free from lice and nits before he/she may return to school
- 7.3 When a child has been on an antibiotic for 48 hours and is deemed well enough to return to school (and not contagious to others), the school will administer the remainder of the antibiotic at appropriate times.
- 7.4 If a child is to receive medicine during the course of the day, the parent(s) / guardian must fill in and sign the medication form / register on dropping off the child.
- 7.5 Children may not carry their own medicines into school.
- 7.6 Medicines may not be left in the child's bag and must be handed to the teacher.
- 7.7 It is the parent(s) / guardian's responsibility to remember to collect the medication from the teacher / antibiotics kept in the fridge.
- 7.8 Without the medication form / register having been properly filled out and signed, no medication will be administered to that child. Instruction will not be taken over the telephone or from the message / communications book.
- 7.9 Parent(s) / guardian will find a copy of the medication form to be administered in the back of the child's message / communication book, should their child/ren come to school via other transport or taxi.
- 7.10 This only applies to the parent(s) / guardian who does not drop their child/ren off personally!
- 7.11 If a child appears to be or gets sick at school, we will contact the parent(s) / guardian and the parent(s) / guardian must make immediate arrangements to collect their child.
- 7.12 If the parent(s) / guardian cannot take time-off from work, they must organise with a friend, grandparent, etc. or a responsible person to collect their child in the event of sickness.
- 7.13 BEE STING ALLERGIES: If your child is allergic to bee stings, the parent(s) / guardian must leave a bottle of Antihistamine at Kay-Dee Educare. When this expires, the parent(s) / guardian is to replace it.
- 7.14 A doctor's certificate is to accompany the child on return to Kay-Dee Educare, stating illness and condition and day it is deemed safe for the child to return to Kay-Dee Educare in the event of any sickness.
- 7.15 Sick children should be kept at home where they can receive tender loving care.

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8. COMPLETE THE FOLLOWING:

| | |
|--|--|
| Does the child sleep alone, sleep with parents, share a room with others? | Please state with who below: |
| Has the child got any pets? YES / NO | If YES, please state what type and how many: |
| Is your child left-handed, right-handed or ambidextrous? | |
| Is your child a good, average or poor eater? | |
| Does your child feeds him- / herself or waits to be fed? | |
| Does your child decides for him- / herself when to go the barthroom or is a reminder needed? | |

Thus done and signed at _____ (Place) on the ____ day of _____ (Month) 20____ (Year)

Mother / Guardian Signature

Father / Guardian Signature

ODETTE LEACH
PRINCIPAL / OWNER
KAY-DEE EDUCARE CENTRE CC

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