



CHENGELO SCHOOL

AS A WITNESS TO THE LIGHT

CHENGELO SCHOOL – MEDICAL FORM 2024

Pupils Surname: _____ First Name: _____

Secondary or Primary _____ Male / Female _____ Form/ Year _____

To help the School effectively administer first aid and provide adequate health support for your child please fill out this form in as much detail as you can. Be aware your child will participate in the Chengelo Adventure Curriculum and on some trips in the Secondary School Curriculum will be in remote areas, a number of hours away from the nearest medical facility. They will probably attend sports and academic trips away from the school during the year too. If your child does have a long-term medical condition, please consult your doctor and make a medical action plan on the best way to treat the condition. Make sure your child brings to school any relevant medicines e.g. epi pen, inhaler, muscle supports etc. If you have more than one child at the school, please fill out a separate form for each child. If your child has no medical conditions, please write 'none' in the spaces provided and sign the form.

Please return the form to our Admissions Coordinator or email her on admissions@chengeloschool.org before the start of Term 1.

Date of Birth: _____ Religion: _____

Blood Group: _____ (If not known, please find out this information and indicate here)

Anti-Malarial: Do you want your child to receive anti-malarial prophylaxis during term time? YES _____ NO _____

If yes, please tick which anti-malarial prophylaxis you would prefer: Malarone _____ Deltaprim _____

A. Indicate which of the following your child has had, giving the year/s

Chicken Pox _____ / Measles _____ / Scarlet Fever _____ / Whooping Cough _____ /

Mumps _____ / German Measles _____ / Malaria _____

B. Inoculations – please give dates of inoculations your child has received:

Tuberculosis (BCG) _____ Whooping Cough _____ Tetanus _____

Diphtheria _____, _____ Polio _____ Hepatitis B _____ Pre-school Booster _____

Polio Booster _____ Tetanus Booster _____ (If more than 10 years ago, please ensure that he/she is given the vaccine before the term opens and advise the School accordingly).

Please give details of any other inoculations _____

C. Does your child take any medication (short term or long term) that they will need to take while at school?

Medication _____

Reason _____

- D. Please list any medication your child is **NOT** permitted to take and list the reasons
(e.g. penicillin / sulphur drugs/aspirin)

- E. Please list any allergies your child has (e.g. to bee stings, nuts or other foods)

- F. Does your child have any medical conditions?

What is the proposed treatment and Medical Action Plan in the event your child suffers from this condition while at School or on a trip? *(The school medical department may contact you for further clarification on this action plan – please also make a note if you would like the nurse to call and discuss this with you)*

- G. Please give details of any operations your child has undergone: _____

- H. Please provide any additional relevant medical information you feel the school should know about your child (e.g. enuresis, susceptibility to infections, asthma, mental health issues etc.)

- I. In the event of an emergency and your child being seriously ill or injured, please give us details of your medical insurance, if any:-

Company Name: _____ Contact: _____

Tel. Nos: _____ Ref No: _____

If you do not have medical cover, your child will be taken to Tusekelemo Clinic, and every effort will be made to contact you. Please give your contact telephone numbers and e-mail address, plus alternative contact telephone and an e-mail/ of a close friend or relative:

Tel Numbers: _____

E-mail address: _____

Alternative contacts (specify relationships): _____

- J. Consent for operation and consultation in the event of an **emergency** or **unavailability** of parent:

I, (full name): _____ hereby give my consent to the performance of an operation or consultation of such nature and in such a manner, as the doctor or surgeon in his discretion considers necessary and to the administration of such anaesthetics as may be required upon:

Name: (Child's name) _____

Name and Signature of person giving consent: _____

Relationship to the patient: _____

- K. **I give consent for routine medical examination by the School Nurse:**

Name and Signature of person giving consent: _____

We will make every effort to contact you where our clinic staff feel they cannot deal with a medical condition or situation so that you can advise on the next course of action. In the case of an emergency the school will initially use Tusekelemo Clinic in Mkushi or if on a school trip the nearest recommended medical facility according to our Medical Emergency Plan.

Dental Treatment: There is a dentist at Tusekelemo but we would advise you get all your child's dental treatment done in the school holidays. However, if an emergency arises we will contact you regarding the next course of action.

It is necessary to complete this form at the start of every year. However, kindly note that if there are any changes to this medical information during the year please inform the School immediately.

Signed _____ **Date** _____