



MEDICAL INFORMATION



Student's Full Name		Name of Parent / Guardian	
Age	Learning Center	Contact Number	
Home Address			
Family Doctor		Telephone Number	
Medical Aid Name		Medical Aid Number	
Main Member of Medical Aid		Medical Aid Contact /Number	
Are all vaccinations up to date?		Blood Type	
Is the student suffering from any chronic medical condition? (specify)			
Does your child have any medication for severe allergic reactions in his/her schoolbag?			
Does your child have diabetes?		Medicine used	
Does your child have asthma?		Medicine used	
Is the student allergic to any food products? (specify)			
Past medical history (including medicine and operation)			
In case of emergency whom should we contact? Give the full name and contact number.			
1.			
2.			
3.			

PARENT / GUARDIAN
SIGNATURE

DATE

⇒ All emergencies will be taken to the emergency services unit of Unitas Hospital in Lyttleton.

TRANSPORT INFORMATION



Who will normally fetch your child?

	Name	Relationship
1.		
2.		
3.		
4.		
5.		

✓ Remember to notify the school if a person not mentioned above will fetch your child.

Please complete this section if you make use of public transport:

Transport Company Name	Driver's Name
Contact number 1	Contact number 2

CCS will contact the transport companies to communicate the procedures and the rules of the premises. They will be supplied with an access disk to allow them through the gate. Transporters not adhering to rules will not be allowed on the premises.



Your child's safety is our concern!

PARENT / GUARDIAN
SIGNATURE

DATE

Please notify the school if there are any changes in the above information.