



# KAY-DEE EDUCARE CENTRE CC

(Registration no. 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 AFTERCARE

**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:	DEPENDENT NO:
SCHEME:	PRINCIPAL MEMBER:	
RELIGION (for blood transfusions):	ALLERGIES:	
MEDICAL ASSESSMENTS (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.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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## 2. IMPORTANT MEDICAL INFORMATION:

Has the child had any serious accidents? YES / NO	Please explain if YES:
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):	
PRE-EXISTING CONDITION/S (example diabetes, etc. that medication is required for, if applicable):	

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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 she / he is on antiretroviral)		
Meningitis		
Hepatitis A, B or C		

- Pre-existing conditions (e.g. diabetes) are important for paramedics and doctors to know about.
- It is important to update this part of the form and to inform Kay-Dee about updates.

### 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, STATE REASON THEREOF.**  
 (The Parents / Guardian WILL be notified prior to us going ahead with treatment.)

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## 6. CHILD HEALTH INFORMATION:

HAS THE CHILD	YES or NO	OUTCOME COMMENTS
Been tested for ADD / ADHD? (Copy of test outcomes to be attached, if applicable)		
Wears corrective shoes?		Reason:
Does the child have any speech problems or undergoing speech therapy?		State how often and reason:
Undergoing physiotherapy, occupational therapy (OT), or other treatments?		State therapy and treatment:
Been diagnosed or suspected of having any of the following disorders: Austism, ADHD, ADD, Bipolar, Asperger's Disease, Edwards Disease, etc.? Please state which one below:  _____ Copies of assessments from doctors, psychologists, etc. must accompany this form. Please note that all correspondence is held as highly confidential.		Diagnosis:

- Please remember to send a detailed report with all assessments 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.

## 7. MEDICAL MATTERS:

7.1 The staff at Kay-Dee Educare undergo training and do a refresher course every two years in FIRST AID / CPR.

7.2 Children who are ill MAY NOT be brought to aftercare especially under the following conditions:

7.2.1 Within 12 hours of a high temperature

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- 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 or doctors certificate is required stating that your child’s free from lice and nits before he/she may return to aftercare.
- 7.3 When a child has been on an antibiotic for 48 hours and deemed well enough to return to aftercare (and not contagious to others), the aftercare teacher 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(s) must let Kay-Dee know via email.
- 7.5 Medication must be written up in our Medicine Register during the school holiday periods.
- 7.6 Medicines may not be left in the child's bag but handed to the aftercare teacher.
- 7.7 It is the Parent(s) / Guardian(s) responsibility to remember to collect the medication from the aftercare teacher / antibiotics kept in the fridge.
- 7.8 Without the Medication 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 Kay-Dee message / communications book.
- 7.9 If a child appears or gets sick at Kay-Dee, we will contact the Parent(s) / Guardian(s) and the Parent(s) / Guardian(s) must make immediate arrangements to collect their child.
- 7.10 If the Parent(s) / Guardian(s) can not 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.
- 7.11 BEE STING ALLERGIES: If your child is allergic to bee stings, the Parent(s) / Guardian(s) must leave a bottle of Antihistamine at Kay-Dee. When this expires, the parent/guardian replaces it.
- 7.12 A doctor’s certificate is to accompany the child on return to Kay-Dee, stating illness and condition and day of safety to return to Kay-Dee in the event of any sickness.
- 7.13 SICK CHILDREN BELONG AT HOME AND NEED TENDER LOVING CARE.

## 8. IMPORTANT INFORMATION TO BE COMPLETED IN FULL:

Does your child have any pets and/or pet allergies?

Left-handed, right-handed or ambidextrous?

Good, average or poor eater?

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Does the child have any problems which we should be aware of (medical and/or behaviour, etc.)?

How would you describe your child's personality?

Are there any special family circumstances which may be a factor in your child's present behaviour, such as divorce, death, new baby, recent move, hospitalization? Please explain:

What concerns do you have about your child's present behaviour?

What are you doing about these concerns?

Responsibility to school homework?

Reading difficulties?

Please add any comments that you feel will help us know your child better:

Thus done and signed at \_\_\_\_\_ (Place) on the \_\_\_\_ day of \_\_\_\_\_ (Month) 20\_\_\_\_ (Year)

\_\_\_\_\_  
 Mother / Guardian Signature

\_\_\_\_\_  
 Father / Guardian Signature

\_\_\_\_\_  
**ODETTE LEACH**  
**SCHOOL HEAD / PRINCIPAL**  
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