



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 AFTERSCHOOL

**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:	
MEDICAL ASSESSMENTS (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: _____



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



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:

- 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.

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: _____



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



3. 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.

4. 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.)

5. CHILD HEALTH INFORMATION:

HAS THE CHILD	YES or NO	OUTCOME COMMENTS
Been tested for ADD / ADHD?		
Wears corrective shoes?		
Does the child have any speech problems or undergoing speech therapy?		
Undergoing physiotherapy, occupational therapy (OT) or other treatments?		
Been diagnosed or suspected of having any of the following disorders? Autism, ADHD, ADD, Bipolar, Asperger's Disease, etc.? Please state which one below: _____		

- 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.

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: _____



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



6. MEDICAL MATTERS:

- 6.1 The staff at Kay-Dee Educare undergo training and do a refresher course every two (2) years in First Aid / CPR.
- 6.2 Children who are ill may not be brought to school especially under the following conditions:
 - 6.2.1 Within 12 hours of a high temperature
 - 6.2.2 Within 48 hours of going onto an antibiotic
 - 6.2.3 Spots and rashes
 - 6.2.4 Ringworm and impetigo
 - 6.2.5 Sore throats, especially tonsillitis
 - 6.2.6 Infected eyes
 - 6.2.7 Any runny tummy
 - 6.2.8 Vomiting
 - 6.2.9 Yellow, green or brown runny noses
 - 6.2.10 Weeping ears
 - 6.2.11 LICE – a clinic or doctors certificate is required stating that your child is free from lice and nits before he/she may return to aftercare
- 6.3 When a child has been on an antibiotic for 48 hours and is 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.
- 6.4 If a child is to receive medicine during the course of the day, the parent(s) / guardian must inform Kay-Dee via email.
- 6.5 Medication must be written up in our medicine form / register during the school holiday periods.
- 6.6 Medicines may not be left in the child's bag and must be handed to the aftercare teacher.
- 6.7 It is the parent(s) / guardian's responsibility to remember to collect the medication from the aftercare teacher / antibiotics kept in the fridge.
- 6.8 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
- 6.9 If a child appears to be or gets sick at Kay-Dee, we will contact the parent(s) / guardian and the parent(s) / guardian must make immediate arrangements to collect their child.
- 6.10 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.
- 6.11 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.
- 6.12 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.
- 6.13 Sick children should be kept at home where they can receive tender loving care.

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

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: _____