

Dear Parents

In order for us to assist your child in the event of a medical emergency, we are sending a separate medical form for you to complete. In most cases, the school can only provide basic first aid. You will be contacted if your child is seriously injured or ill and you will need to fetch him/her from school. If the condition needs immediate attention we will request permission to call in medical services. Please note, however, that the Western Cape Education Department policy states that we are allowed to "provide emergency first aid to a learner in response to emergency situations and, consent, on behalf of the learner, in an emergency and during school activities where the consent of a parent of the learner cannot be obtained."The school cannot be held accountable for payment of treatment received in the event of your child requiring emergency medical care where your permission was not obtained due to you not responding to a phone call.

It is important to note on the form should your child have any of the following conditions:

1. Asthma
2. Allergic Reactions ( history of anaphylactic shock) including reactions from food or bee stings
3. Epilepsy
4. Diabetes

A separate emergency protocol will apply if your child has the above-mentioned conditions and if they need to administer their own medication at school. It is imperative that you complete an additional medical form as required by the Education Department.

Please inform the school immediately if there are changes in your child's medical condition or any changes to your contact details.

\*A copy of this letter is available on the school website, for future reference.



Mrs Jonkers

First Aid co-ordinator



Mr Benecke

Principal

TAFELBERG SCHOOL

Learner medical information in the event of an emergency

Name & Surname: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Name of parent/legal guardian: \_\_\_\_\_

Contact number (in event of an emergency): \_\_\_\_\_

Medical condition/allergies: \_\_\_\_\_

\_\_\_\_\_

Does your son/daughter require medication for the above-mentioned medical condition/allergies (excluding medication for ADHD):

\_\_\_\_\_

**\*Please note a separate form will be completed for self-administration of medication as required by the Education Department.**

Name of medication: \_\_\_\_\_

Name of Medical Aid: \_\_\_\_\_

Main member: \_\_\_\_\_

Medical Aid number: \_\_\_\_\_

Preferred ambulance services as indicated on Medical Aid: \_\_\_\_\_

If no Medical Aid, may your child be transported to the closest public hospital available? **YES / NO**

**\*Please note a referral to a state hospital within your district may be necessary.**

\_\_\_\_\_

- Do you give permission for your son/daughter to receive basic first aid at school, if needed: **YES / NO**
- Do you give consent that the information regarding your child's medical condition /allergies is shared with others on a need to know basis (e.g. teachers, paramedics, tuckshop staff): **YES / NO**

I have read and understood the attached letter (please turn over) and have provided all the necessary information as requested above.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date