

**BISHOP ANSTEY JUNIOR SCHOOL**

**MEDICAL HISTORY AND IMMUNISATION RECORD**

Name of Child \_\_\_\_\_

Last Name

First Name

Date of Birth \_\_\_\_\_

Day

Month

Year

Date Entered \_\_\_\_\_

Day

Month

Year

Parent's/Guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone No \_\_\_\_\_

Office Telephone No (M) \_\_\_\_\_ Office Telephone No (F) \_\_\_\_\_

Cellular Telephone No (M) \_\_\_\_\_ Cellular Telephone No (F) \_\_\_\_\_

In case of emergency call \_\_\_\_\_ Telephone no \_\_\_\_\_

In case of emergency call \_\_\_\_\_ Telephone no \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone no \_\_\_\_\_

In case of an emergency, I authorise the school to use its judgment, if no authorised person listed above can be reached

Does the child suffer from:

Defective Eyesight                      Yes                       No

Defective Hearing                        Yes                         No

Heart Disease                            Yes                             No

Asthma                                    Yes                                     No

Allergies                                    Yes                                     No

If **YES**, what substances cause a reaction?

\_\_\_\_\_

\_\_\_\_\_

Is this reaction life threatening? Yes  No

Does the child suffer from any other ailment? Yes  No

Please indicate \_\_\_\_\_

Please give dates of most recent inoculations and vaccinations. (To be completed by a doctor)

TYPE OF PROPHYLACTIC	INDICATE 1ST DOSE	2ND	BOOSTER 3RD DOSE
POLIOMYELITIS			
DIPHTHERIA			
TETANUS			
WHOOPING COUGH			
YELLOW FEVER			
RUBELLA			
MENINGITIS			

*I certify that the information contained herein is correct.*

Doctor's Name: \_\_\_\_\_

(BLOCK LETTERS)

Signature of Doctor \_\_\_\_\_ Date: \_\_\_\_\_

*This form will only be considered valid if it has been signed by a registered doctor.*

I authorise the school to administer non-prescription drugs (e.g. acetaminophen - "Tylenol") to my child in the event that my child suffers what the school in its absolute discretion considers to be a minor illness. And I hereby agree that neither the School nor any member of its Board, its officers, agents or employees shall incur liability as a result of administering or of failure to administer any such non-prescription drug.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I do not authorise the school to administer non-prescription drugs (e.g. acetaminophen - "Tylenol") to my child in the event that my child suffers what the school in its absolute discretion considers to be a minor illness. And I hereby agree that neither the School nor any member of its Board, its officers, agents or employees shall incur liability as a result of administering or of failure to administer any such non-prescription drug.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_