Kangaroo Kids©

CELEBRATING 10 YEARS

HEALTH INFORMATION FORM

EMERGENCY HEALTH RECORD (TO BE FILLED OUT BY PARENT)

Child's name: ____ **Sex**: Male / Female

Address: ____

Birth place: ____ Birth date ________________

Delivery: ☐ Natural ☐ Forceps Delivery ☐ Caesarean

Parent or Guardian's name: ______________________________ Residence _______________

Father's business / Mobile number: _____________________________

Mother's business / Mobile number: _____________________________

In case of emergency if parent or guardian is not immediately available contact

Friend or relative's name: ______________________________Tel: ______________________

Family's physician's name: ______________________________Tel: ______________________

Hospital: ____Tel: ______________________

In case of emergency, the school may call for an ambulance, the family physician or another available physician if needed to examine my child. (Without such permission, the school assumes no responsibility for emergency medical attention)

☐ **YES** ☐ **NO**

I authorise the school nurse to administer Calpol syrup / Baby Panadol to my child if needed

☐ **YES** ☐ **NO**

I agree not to hold Kangaroo Kids responsible for any possible illness, accident or injury during classes or on the Kangaroo Kids premises. I hereby verify that I have read fully, understand and accept the statements above.

Signature of Parent or Guardian ________________________

Date ________________________

Medical Record

Name of the child's doctor ____

Address____

Serious accidents / illness / operation

____

Any difficulties regarding	**YES**	**NO**	**SPECIFY**
Feeding	☐	☐	____________
Ear infection	☐	☐	____________
Frequent cold/ cough	☐	☐	____________
Hospitalisation	☐	☐	____________
Allergies (food/ medicine)	☐	☐	____________
Physical abilities	☐	☐	____________
Speech difficulties	☐	☐	____________

Communicate illnesses: please check the illnesses / conditions your child has had and give details

☐ Chicken Pox	Date: ____________	☐ German Measles	Date: ____________
☐ Infections Hepatitis	Date: ____________	☐ Red Measles	Date: ____________
☐ Mumps	Date: ____________	☐ Rheumatic Fever	Date: ____________
☐ Whopping cough	Date: ____________	☐ Asthma	Date: ____________
☐ Any other:	Date: ____________		