



Medical Information Form 2025

<u>Child's Information</u>	
Surname:	Age (current): Grade 2025:
Full Names:	Home Language:
Gender: Male _____ or Female _____	Dexterity: Left Handed / Right Handed
Date of Birth:	Religion:
ID/Passport Number:	
Study Permit:	
Birth Place:	

<u>Next of Kin (3rd person to contact in case of emergency)</u>	<u>Medical Aid Information (Very Important)</u>
Surname:	Name:
Full names:	Membership no:
Relation to learner:	Number in Family:
Home Tel:	Family Doctor:
Work Tel:	Contact No:
Cell:	Address of Doctor:

<u>Medical Information (Very Important)</u>
Any allergies:
chronic illness:
Medication:

I hereby certify that the information provided by me in this document, is correct and true to the best of my knowledge.

I hereby give consent to SA College First Aid staff to act on my behalf in the capacity of guardian, in case of a medical emergency, that requires my child mentioned above to be transported and hospitalized until I myself can be present.

Name and Surname : _____

Signature: _____

Date: _____