

MEDICAL FORM



Additional Documents for Medical Form:

Bring this medical form and the following documents to the school office:

- 6 Passport Photos (Digital & Printed)
- Copy of Child's Birth Certificate
- Copy of Child's Immunization Form
- Copy of Parent's National Identity Card
- Current Proof of Residence (Ex. Power or Water Bill)



DATE

Student Information

Child's Name:
FIRST & LAST NAME CLASS / GRADE ID No.

Birth Info.:
CHILD'S AGE BIRTH DATE GENDER BLOOD GROUP

Health Information

Allergies:

Food:
MEDICATION DOSAGE

Medication:
MEDICATION DOSAGE

Other:
MEDICATION DOSAGE

Other:
MEDICATION DOSAGE

Please comment on any of the above checked items

Chronic Conditions:

Asthma:
MEDICATION DOSAGE

Diabetes:
MEDICATION DOSAGE

Seizures:
MEDICATION DOSAGE

Other:
MEDICATION DOSAGE

Please comment on any of the above checked items

Limitations:

Mobility Vision Hearing Developmental Emotional Other

Please comment on any of the above checked items

Other health-related information not listed above

Please comment on any of the above checked items

*In an emergency, when no adult member of the family can be reached, I give permission for the school to obtain medical treatment from a qualified physician.

*The school nurse has permission to discuss my child's health conditions with school staff. Yes No

*Can your child participate fully in school activities? Yes No

If not, please explain

Emergency Contact Information

Family Doctor:

FIRST & LAST NAME
PHONE

Mother's Name:

FIRST & LAST NAME
PHONE

Father's Name:

FIRST & LAST NAME
PHONE

Guardian's Name:

FIRST & LAST NAME
PHONE

Immunizations

To attend school, students must immunized against the following diseases: **XXXXXXXXXX, XXXXXXXXXXXX, XXXXXXXXXXXX, XXXXXXXXXXXX, XXXXXXXXXXXX, XXXXXXXXXXXX and XXXXXXXXXXXX**. Immunizations are required for all children for all children and students in Uganda as defined in the **Title XXXXXXXX XXXXXXXX XXXXXXXX Uganda Constitution**.

Proof of immunizations may be personal records or previous school records that indicate the month, day and year of each immunization. Personal records to be validated by a licensed physician or public health clinic. Immunization records much be in English. The school nurse can provide information on age-appropriate doses or acceptable physician validated history of illness required by the Ministry of Health. Failure to provide appropriate immunization documentation will result in exclusion from school

To claim an exclusion for reasons of conscience, including a religious belief, a student's parent or guardian must submit a signed affidavit form stating that the vaccinations are declined for reasons of conscience, including religious beliefs. The affidavit will be valid for a two-year period and a child who has not received the required immunizations may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

If a student should not be immunized for medical reasons, the student or parent much present a certificate signed by a licensed physician stating that, in the doctor's opinion, the immunization required would be harmful to the health and well-being of the student or any member of the student's family or household. This certificate must be renewed yearly unless the physician specifies a life-long conditions.

Consent

I acknowledge that the information provided is true and accurate to the best of my knowledge and any attempt to enrol a child with false documentation or records is a criminal offense punishable under Section xxxxx of the xxxxxx. I have read and understood Kadosh International Christian School (KICS) policies and procedures. By ticking this box and submitting this application, I agree to be bound by the School's policies and procedures as they may be updated from time to time and I consent to the collection, processing, storage, use and disclosure of my personal information to the extent set out in the School's privacy policy.

PARENT / GUARDIAN SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE