MEDICAL SELF-DECLARATION BY PARENTS

1. Student Information

A) Name of the Ward: _____

B) Class & Section: _____ Blood Group: _____

C) Father's/Mother's Name: _____

2. Medical History & Current Health

Does your ward suffers from, or has ever suffered from, any of the following?

(Please tick): √

1) Asthma / Respiratory Issues

2) Allergies (Food, Medicine, or Environment)

3) Seizures / Epilepsy

4) Heart Conditions

5) Diabetes (Juvenile)

6) Hearing or Vision Impairment

Any other chronic ailment: _____

3. Emergency Instructions

A) Is the child on any regular medication? (Specify): _____

B) Are there any physical activities the child should avoid? _____

C) Emergency Contact Number: _____

4. Parent's undertaking

I, _____, hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that this information is for the school to provide better care for my ward. I will inform the school immediately of any changes in my ward's health status.

Date:

Parent's Signature: