



## General Health Form

Please record the following health conditions and immunization requirements for your child. It will be kept on file in Student Office Records.

Student's first name	Surname	Nickname
Father's name	Work Tel.	Mobile
Mother's Name	Home Tel.	Mobile
Emergency Contact Name	Home Tel.	Mobile

### Health Conditions (please tick any that apply)

- Asthma
- Convulsions/Epilepsy
- Orthopedic Problems
- Ear Problems
- ADD
- Kidney/Urinary Tract Problems
- Skin Problems
- Vision Problems
- Congenital Anomalies
- Diabetes
- Heart Problems
- Headaches
- Nose Bleeds

### Allergies (please list any)

- Medication
- Food
- Other

*Reaction* .....

Medication will only be given with parent's consent, if you would like your child to be given Tylenol or its equivalent for headache or toothache, or fever, please fill consent below:

Magic Years staff has my consent to give Tylenol or its equivalent should my child fall ill at school with a fever, a headache or toothache. You will be contacted again at above number prior to any type of administration for approval.

.....  
Parent's signature

.....  
Date