



Riverview Preparatory School

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Champions inspired by values

Medical Information Form

Siblings: (Names and date of birth)

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Child's name:

Child's ID number:

(Please attach copy of birth certificate)

Parent's name:

Parent's contact number:

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Has the child been fully immunised?

(Please attach copy of his/her immunisation card)

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Does the child have any allergies?

(Asthma, bee stings etc.)

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Medical history:

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Doctor (name and tel nr):

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Medical aid & membership nr:

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Contact person and number if parent is unavailable:

Any other information that the school should know about?

(How allergic is your child, how chronic is the asthma etc. Please indicate exactly what medication your child is taking daily).

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