ST.MICHAEL'S NURSERY AND PRIMARY SCHOOL
NGEME-LIMBE

P.O Box 78 South West Region, Cameroon

MOTTO: **Developing Minds and Learning through Fun and Creativity**

MEDICAL INFORMATION SHEET

	PUPIL'S INFORMATION	
1.	Name	
2.	Date of birth / Age	Age:
3.	Class	
4.	Mother's address Mother's phone Mothers workplace	
5.	Father's address Father's phone Father's workplace	
6.	Family doctor's name and phone	

Upon admission, allergies, health problems or specific treatment must be notified to the School Nurse, in case of emergency and/or hospitalization.

MEDICAL RECORD S / PARAMETERS

1.	ABO Blood group type	A B AB O
2.	Medical history	Asthma Haemophilia Sickle cell anaemia Diabetes Allergy…… Other(s)……
3.	Treatment (s)	
4.	Has your child been operated upon?	If so can you please name the operation site
5.	Has your child received all of his/her routine vaccines	YES NO *You are kindly required to provide us with your child's vaccination record*
6.	If your child brings any personal medication to school, please note the names and quantities below. These medicines must be handed to the nurse to be kept in the school dispensary.	

*****If you wish any of this information to be kept confidential, please send it in a sealed envelope marked 'For the attention of the School Nurse'*

Parent's name and signature……..

Date……