Centre A0 101

Cambridge Assessment International Education

Cambridge Associate

MEDICAL AND WELL-BEING FORM

COMPLETED BY: PARENTS/CAREGIVERS

DOCUMENT INFORMATION
The information you provide about your child will assist us to plan and cater for their needs. This information is strictly confidential and will only be shared with school personnel responsible for admissions decisions and subsequent programming.

STUDENT									
PERSONNEL DATA									**G1**
FIRST NAME		**MIDDLE NAME**		**LAST NAME**					
DATE OF BIRTH	DD / MM / YYYY		**GRADE/YEAR LEVEL**						

MEDICAL DATA											M1
A	Does Your Child Have Any Of These Medical Conditions?										
	Measles	YES ☐		NO ☐	Constipation	YES ☐		NO ☐	Diabetes	YES ☐	NO ☐
	Mumps	YES ☐		NO ☐	Diarrhea	YES ☐		NO ☐	Epilepsy	YES ☐	NO ☐
	Rubella	YES ☐		NO ☐	Eye Infection	YES ☐		NO ☐	Asthma	YES ☐	NO ☐
	Chicken Pox	YES ☐		NO ☐	Ear Infection	YES ☐		NO ☐	Eczema	YES ☐	NO ☐
	Hemophilia	YES ☐		NO ☐							
	Other (please specifiy)										
Notes:											

B	**Does your child have any allergies?**										
	Seafood	YES ☐		NO ☐	Fish	YES ☐		NO ☐	Antibiotics	YES ☐	NO ☐
	Peanuts	YES ☐		NO ☐	Insect stings	YES ☐		NO ☐	Band-aids	YES ☐	NO ☐
	Dairy Products	YES ☐		NO ☐	Animals	YES ☐		NO ☐	Dust mites	YES ☐	NO ☐
	Other (please specifiy)										
Notes:											

C	**Does your child use any kind of medical device - inhaler, EpiPen, etc.?**				
	General	YES ☐		NO ☐	
	Other (please specifiy)				
Notes: A back-up device must be provided to our school medical officer.					

D	**Do your religious beliefs prevent your child from eating certain foods?**							
	Pork	YES ☐		NO ☐	Beef	YES ☐		NO ☐
	Other (please specifiy)							
Notes:								

E	**Has your child had his/her eyes tested?**									
	General	YES ☐		NO ☐						
	If **YES**, when was the date of the last test?	dd	/	mm	/	yyyy				
Notes:										

F	**Does your child have a visual impairment?**									
	General	YES ☐		NO ☐						
	If **YES**, please specify the treatment or accommodations.	dd	/	mm	/	yyyy				
Notes:										

G	**Has your child had his/her hearing tested?**									
	General	YES ☐		NO ☐						
	If **YES**, when was the date of the last test?	dd	/	mm	/	yyyy				
Notes:										

H	**Does your child have a hearing impairment?**									
	General	YES ☐		NO ☐						
	If **YES**, please specify the treatment or accommodations.	dd	/	mm	/	yyyy				
Notes:										

I	**Does your child take medication regularly?**				
	General	YES ☐		NO ☐	
	If **YES**, list all medications and state their purpose (include a list of medications and dosages for health and safety purposes).				
Notes:					

J	**List of Medications**		
	Name	Purpose	Dosage

K	**Does your child have any of the following learning or behavioural needs?**				
	ADD/ADHD	YES ☐		NO ☐	
	Autism	YES ☐		NO ☐	
	Aspergers	YES ☐		NO ☐	
	Dyslexia	YES ☐		NO ☐	
	Behavioral Needs	YES ☐		NO ☐	
	Learning Difficulties	YES ☐		NO ☐	
	Please indicate any other conditions not specified above.				
Notes:					

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OBJECTIVES
Families are expected to provide records and/or evidence of evaluations related to the above needs, including reports of extra educational support your child is/has been receiving.

	Only for applicants entering into the Early Learning Centre (ELC) - Prep 3 and 4.				
L	My child can eat independently.	YES ☐		NO ☐	
	My child is completely toilet trained.	YES ☐		NO ☐	
	My child can use the bathroom independently.	YES ☐		NO ☐	

Notes:

IMPORTANCE OF A FULL DISCLOSURE FOR MEETING YOUR CHILD'S NEEDS

All relevant information regarding your child's educational, psychological (social-emotional), physical and/or medical needs (including contagious illnesses) must be outlined in detail in the admissions application.

Failure to disclose this information may result in the re-evaluation of your child's offer of admission or subsequent enrollment.

DATE OF BIRTH	DD	/	MM	/	YYYY

NAME OF PARENT/GUARDIAN COMPLETING THE FORM	