



LAKE ROAD PTA PRIMARY SCHOOL

P O Box 320042, Woodlands, Lusaka, Zambia.
Tel: Lower Primary - (Fax) 263901 & Upper Primary – 262295
Email: lakeroad@zamnet.zm

PUPILS INFORMATION AND MEDICAL DATA

Please fill in the formation below for our records. The school has a school nurse who looks into our children’s medical problems when the need arises. We therefore require this information to help her or any member of staff.

PUPILS DETAILS

SURNAME: FORENAME(S):

DATE OF BIRTH:

RESIDENTIAL ADDRESS:

TELEPHONE:

PARENTS DETAILS:

FATHER’S WORK PLACE:

TELEPHONE:E-MAIL ADDRESS

MOTHER’S WORK PLACE:

TELEPHONE:E-MAIL ADDRESS:

NAME AND ADDRESS OF CONTACT PERSON IF PARENTS ARE NOT AVAILABLE

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MEDICAL DATA

Please give us the name of the family doctor, the hospital clinic that your child attends.

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.....TELEPHONE:

Has your child ever suffered from any of the following conditions?

(If so please give details)

Epilepsy		Asthma		Measles	
Mumps		Chickenpox		Congenital abnormalities	
Hard hearing		Sight defect		Allergies	



Tick whichever is applicable

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IMMUNISATION

Please give dates of the following inoculations:

IMMUNISATION	DATE OF INNOCULATIONS
Measles	
BCG (TB)	
DPT (Diphtheria, Pertusis and Tetanus)	
Poliomyelitis	

Please indicate any other relevant medical information you feel we should know.

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Whenever your child feels unwell at school, we will contact you prior to treatment.

Emergency cases will of course receive utmost attention.

CONSENT SLIP BY PARENTS

We the undersigned hereby give consent to the Head Teacher, School Nurse, or designated staff to administer treatment to our child. And in cases of emergencies the child be rushed to the nearest clinic at the expense of the parents.

SIGNATURE OF PARENTS/GUARDIANS

DATE

PLEASE RETURN THIS FORM TO THE CLASS TEACHER AS SOON AS POSSIBLE.