

## Annexure G

### Learner Health Care Summary

<b><u>Section A</u></b>	
School:	Year:      Grade:      Educator:
Learner's name:	Date of birth:
Address:	Gender: Male / Female
<b><u>Family contact details</u></b>	<b><u>Medical details</u></b>
Name:	Medical practice:
Relationship to learner:	Doctor:                      Telephone:
Address:	List any essential information about your child that we should be aware of in an emergency, e.g. Peanut allergy
Telephone: (w)                      (h) (c)	
Name:	
Relationship to learner:	
Address:	
Telephone: (w)                      (h) (c)	
<b><u>Administration of medication</u></b> Written authorization must be provided for staff to administer any form of medication at school.	
<b><u>Informed consent</u></b> Your child's health care information will be shared with staff on a "need to know" basis only.	



Do you give permission for the school to share your child's health care information? **Yes / No**  
 If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will **require support** from school staff?

No – Sign below and return section A of this form to the school office. If your child's requirements change, please notify the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes – Complete the remainder of this form and return it to the school office.

List your child's health condition(s): \_\_\_\_\_

**Section B – Please indicate your child's condition(s) that may require support of school staff**

Health condition	Tick	Training needed by Staff
Severe allergies / anaphylaxis (specify):		
Minor and moderate allergies		
Diabetes		
Seizures		
Asthma		
Prone to fainting spells		
Other conditions (please specify):		

Has your child's medical practitioner provided a health care plan to assist the school to manage the condition? **Yes / No**. If yes, please advise the principal.



**Office use only**

Does the child have an allergy that needs to be flagged on the school information system? **Yes / No**

Have relevant health care plans been issued to the parent? **Yes / No**

Has the principal been informed if specific training is required to support the learner? **Yes / No**

Has the principal been informed that the learner's health care information is to be restricted? **Yes / No**

Date on which the Learner's Health Care Summary was completed and uploaded: .....

Signature: .....

A handwritten signature in black ink, consisting of stylized, overlapping loops and lines, located in the bottom right corner of the page.