

BISHOP ANSTEY JUNIOR SCHOOL MEDICAL HISTORY AND IMMUNISATION RECORD

(To be signed by Medical Doctor and parent)

Name of Child _____
Last Name First Name Sex: _____

Date of Birth _____
Day Month Year

Parent's/Guardian's Name _____

Address _____

Home Telephone No. _____

Office Telephone No. (M) _____

Office Telephone No. (F) _____

Cellular Telephone No. (M) _____

Cellular Telephone No. (F) _____

In case of emergency call _____
(other than parent)

Telephone No. _____

In case of emergency call _____
(other than parent)

Telephone No. _____

Doctor's Name _____

Telephone No. _____

Does the child suffer from:

Defective Eyesight Yes No

Defective Hearing Yes No

Heart Disease Yes No

Asthma Yes No

Allergies Yes No

If **YES**, what substances cause a reaction?

Is this reaction life threatening? Yes No

Does the child suffer from any other ailment? Yes No

Please indicate _____


Please give dates of most recent inoculations and vaccinations. (To be completed by the child's doctor)

TYPE OF PROPHYLACTIC	INDICATE BOOSTER		
	1 ST DOSE	2 ND DOSE	3 RD DOSE
POLIOMYELITIS			
DPT/ HEP B / HIB			
PNEUMOCOCCAL			
YELLOW FEVER			
MEASLES/MUMPS/RUBELLA			

I certify that the information contained herein is correct.

Doctor's Name: _____
(BLOCK LETTERS)

Signature of Doctor _____ Date: _____

Doctor's Stamp: 

This form will only be considered valid if it has been signed and stamped by a registered doctor.

In case of an emergency, I authorise the school to use its judgment, if no authorised person listed can be reached.

I authorise the school to administer non-prescription drugs (e.g. acetaminophen - "Tylenol") to my child in the event that my child suffers what the school in its absolute discretion considers to be a minor illness. I hereby agree that neither the School nor any member of its Board, its officers, agents or employees shall incur liability as a result of administering or of failure to administer any such non-prescription drug.

Signature of Parent/Guardian _____ Date: _____