

## APPENDIX 17

### Personal and Medical History Form Template

ECD Service Name: \_\_\_\_\_



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#### PERSONAL AND MEDICAL HISTORY

CHILD'S NAMES: \_\_\_\_\_

#### MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_

Telephone No \_\_\_\_\_

Doctor's Address \_\_\_\_\_

#### EMERGENCY INFORMATION

##### PERSON(S) TO CONTACT IF PARENTS/GUARDIAN/CAREGIVER ARE UNAVAILABLE:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#### HEALTH

Does your child have :

Frequent Colds (Explain) \_\_\_\_\_

Tonsillitis (Explain) \_\_\_\_\_

Earaches (Explain) \_\_\_\_\_

Stomach aches (Explain) \_\_\_\_\_

Nosebleeds (Explain) \_\_\_\_\_

Vomitting often (Explain) \_\_\_\_\_

Has your child had any serious accidents (Explain) \_\_\_\_\_

Please tick if your child has had any of the following diseases or conditions :

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Mumps \_\_\_\_\_

Heart Disease \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Diabetes \_\_\_\_\_

Hepatitis \_\_\_\_\_

## APPENDIX 21

### Application Form

ECD Service Name: \_\_\_\_\_



**Child's Full Name and Surname:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home language: \_\_\_\_\_

Gender: \_\_\_\_\_

**Parent, Guardian or Caregiver Name:** \_\_\_\_\_

Parent/guardian/caregiver ID: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Place of work: \_\_\_\_\_

Home Address: \_\_\_\_\_

Income per month: \_\_\_\_\_

**Parent, Guardian or Caregiver Name:** \_\_\_\_\_

Parent/guardian/caregiver ID: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Income per month: \_\_\_\_\_

Number of dependants under 18 years: \_\_\_\_\_

Emergency number: \_\_\_\_\_

Name and phone number of child's regular doctor or clinic: \_\_\_\_\_

Medical issues: \_\_\_\_\_

Allergies: \_\_\_\_\_

This form must be returned with the

- Copy of Child's clinic card/health card,
- Copy of child's birth certificate,
- Parent/guardian/caregiver copy of ID
- A pay card or salary slip or copy of child support grant for parents, guardian or caregiver

I agree to pay the school fees of \_\_\_\_\_ per month and to follow the rules and regulations of the centre.

Signed: \_\_\_\_\_

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

#### FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_

Date & Time of Interview: \_\_\_\_\_

All forms received: \_\_\_\_\_

Date accepted: \_\_\_\_\_