

**HEALTH RECORD FORM**

Passport Picture

Mother's Occupation:

House No./Location:

Relationship of Child:

MEDICAL INFORMATION**1. Does your child have any allergies?**

Yes [] No [] please tick ✓

If yes, please give details:

2. Does your child have a disability?

Yes [] No [] please tick ✓

3. Are there any health problems of which we should be aware?

Yes [] No [] please tick ✓

UNDERTAKING BY PARENT / GUARDIAN

I, _____ (the parent [] or guardian [])

of the above named learner do hereby certify that the statements made on

this form are correct and that I will take responsibility for the upkeep of my ward in course of his/her stay in Emmalord Educational Complex.

Additional Information:

Please provide any additional information you think is important: