

**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:
