



**MEDICAL FORM**

Dear Parent / Guardian / Caregiver,

The evidence emerging from countries around the world is clear and consistent: children are less likely to catch COVID-19. The Department of Basic Education and Health are establishing health safety measures to keep all children safe during this pandemic. However, a small number of serious medical conditions may put children at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided in schools. Please complete the form below regarding any MEDICAL CONDITION your child has. Your child’s health information will be kept confidential. NB. **Do NOT send your child/children to school if they are unwell or sick – this includes having a sore throat, runny nose, mild cough, headache, or mild fever (high temperature). If needed take them to a health practitioner or the nearest clinic.**

<b><u>LEARNER HEALTH QUESTIONARE</u></b>	
Name of Learner:	Name of Parent:
Gender of Learner:	Relationship to Learner:
Identity Number/Birth Date:	Identity Number:
Residential Address:	Residential Address:
<b>Below is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. To respond, please circle Yes if your child has the condition or No if he or she does not have it.</b>	
<b>Please indicate if your child is on chronic medication or is currently receiving treatment for these conditions</b>	<b>Describe the medication prescribed by your doctor Dr Name: Clinic Name: Telephone number:</b>
Asthma <b>YES/NO</b>	
Tuberculosis <b>YES/NO</b>	
Chronic severe respiratory tract diseases (Inherited conditions, e.g. cystic fibrosis, Chronic lung diseases) <b>YES/NO</b>	
Congenital Cardiac Disease (not corrected by surgery) <b>YES/NO</b>	
Severe immunodeficiency (both inherited and acquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or children on Immunosuppressive drugs e.g. after a transplant <b>YES/NO</b>	
Other (e.g. diabetes) not covered above: <b>YES/NO</b>	

Initial: \_\_\_\_\_  
 (Both Parents/Guardian)

**MEDICAL AID DETAILS:**

Is your child a member of a Medical Aid? Circle appropriate

YES/NO

If yes, supply the following information:

Name of Medical Aid:	
Medical Aid Plan:	
Full Names of Principal Member:	
Dependent Number of the Learner:	
General Practitioner/Paediatrician Full Name	
General Practitioner/Paediatrician Contact Number:	

**VACCINATION DETAILS:**

Are your child's vaccinations, as specified by the "Childhood Immunisation schedule" up to date?

YES/NO

**COVID-19 INDEMNITY FORM**

I, the undersigned

\_\_\_\_\_ (Full name of Parent / Guardian)

being the Parent/Legal Guardian of

\_\_\_\_\_ (Full name of child)

who attends Cool Winds Pre-Primary, hereby consent to him/her participating in all school activities during the National State of Disaster brought about by the COVID-19 pandemic.

In signing this indemnity form in favour of Cool Winds Pre-Primary, I acknowledge the following:

1. That this indemnity must be signed and returned to the school as a prerequisite for the attendance of my child at Cool Winds Pre-Primary during the National State of Disaster brought about by the COVID-19 pandemic;
2. That I hereby consent to my child participating in all school activities while in the care of the school;
3. That given the prevailing Covid-19 pandemic, I acknowledge and understand the inherent risk of sending my child to school. In attending school and participating in school activities I acknowledge that my child will come into contact with other children and employees of the school and that my child may likely come into contact with persons who have contracted the COVID-19 virus, whether they are symptomatic or asymptomatic. I further acknowledge that, should my child contract the COVID-19 virus, he/she may spread the virus to me or any other person with whom my child comes into contact with. I further acknowledge and understand that if my child or any other person, including myself, contracts the COVID-19 virus, that he/she/they may become seriously ill or die;
4. that I accept and voluntarily assume the risks set out in this indemnity on behalf of myself and my child;

Initial: \_\_\_\_\_

(Both Parents/Guardian)

5. **that I indemnify, hold harmless and waive and/or abandon any claim that I may have against Cool Winds Pre-Primary, its committee, management, staff, members, parents and other learners, which may arise from**

**any loss, injury, illness or death occurring during or after attendance at the school, provided that this indemnity and waiver will not apply to any loss, injury, illness or death caused by the gross negligence on the part of Cool Winds Pre-Primary, its committee, management and staff. I confirm that this indemnity and waiver was specifically drawn to my attention before signing this document and that I do so out of own volition;** and

6. Warranties on behalf of the Parent/Legal Guardian:

- 6.1 I hereby warrant that my child's general health is good and that there is nothing which renders him/her unfit for participating in all school activities;
- 6.2 I hereby warrant that all relevant information pertaining to my child's current wellbeing, health and comorbidities has been disclosed to Cool Winds Pre-Primary;
- 6.3 I hereby confirm that I have voluntarily disclosed all the conditions my child have in the Learner's Health Questionnaire.

Dated at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_

Witnesses:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_