Alpha Study Centre
Individual Learning Excellence

INCASE OF EMERGENCY FORM

Mother's Name:		Cell No:	
Father's Name:		Cell No:	
Home Telephone:			
Alternative contact:		Cell No:	
Medical Aid Name:			
Medical Aid Number:			
Family Doctor Name:			
Family Doctor No:			

CONFIDENTIAL MEDICAL FORM

DATE: _____ PUPIL'S NAME: _____

HEALTH STATUS

Please read the file bellow and if your child suffers from any of these problems, please tick the correct box.

Allergic to Bee stings		Dyslexia	
Allergic to penicillin		Problems with eyes	
Allergic to Sulphur Drugs		Problem with ears	
Asthmatic		Hearing aid	
Bone problems		Heart condition	
Migraines		Epilepsy	
Spinal problems		Sinusitis	
Diabetic		Ulcers	
ADD		ADHD	

Is your child on any medication? (please specify and include how long your child has been on the prescribed medication)

_____
_____
_____

Are there any other problems we need to be aware of? (Please be very specific about any emotional or physical conditions that will help us to be better tutors and service providers to your child)

_____
_____
_____

Details on child's experiences and or difficulties at previous school

_____
_____
_____
_____

What is your reason for looking for an alternative environment for your child?

_____
_____
_____
_____
_____

What is it that you hope that Alpha Study Centre will provide for your child that their previous school was not able to?

_____
_____
_____
_____
_____