



★ Baby & Toddler Centre ★ Nursery School ★ Grade R

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PUPIL HEALTH QUESTIONNAIRE

The evidence emerging from countries around the world is clear and consistent: children are less likely to contract COVID-19. However, a small number of serious medical conditions may put children at risk of becoming severely ill, and the School needs to know about this to ensure that the necessary support and protection services are provided.

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. Please complete the form below regarding any MEDICAL CONDITION your child has. This is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. Please indicate whether or not your child suffers from the condition and list the prescribed medication that your child is taking. *Your child's health information will be kept confidential.*

1. I, (Full name and surname), _____ the parent/ legal guardian of (Name and surname of the learner), _____ Class: _____ do hereby give permission for him/her to participate in all learning activities which will be conducted by the school during the COVID-19 period.
2. I hereby declare that I don't have anyone in my household and or had contact with anyone with suspected or known COVID-19 symptoms who needed to be in quarantine and further declare that my child has not made contact with anyone with suspected or known COVID-19 symptoms.
3. Did you or your child travel to areas with suspected or known COVID-19 reported cases since the nationwide lockdown 26/03/2020.
 No
 Yes (If yes please explain) _____

4. I agree that, within the reasonable observation of the principal of the school or her delegated deputy, should an emergency arise and medical treatment be deemed necessary for my child, the principal of the school or her delegated deputy are authorised to inform me and decently quarantine my child.
5. I accept that all precautions will be taken to ensure the safety and welfare of my child while travelling to and from the school.
6. As far as I am aware my child is healthy enough to participate in learning activities and he/she is in good health. (Please tick the appropriate box for any health condition your child might have):

Below is a list of conditions that might occur in childhood that is important for the school to know about and keep in your child's records. To respond, please circle Yes if your child has the condition or No if he or she doesn't have it.

If the question to any of the following questions is yes, please indicate if your child is on chronic medication or is currently receiving any form of treatment.

Briefly describe what has been prescribed by your doctor.

Asthma	Yes	No
Tuberculosis	Yes	No
Diabetes	Yes	No
Other lung diseases	Yes	No
Chronic Kidney	Yes	No
Cancer	Yes	No
Liver	Yes	No
Other immune compromising diseases	Yes	No
Other (not covered above)	Yes	No

7. I will keep the school informed should I notice any health concerns or changes with my child or anyone in my household ensuring that no one else is placed at risk.

8. The following information is essential in case of medical attention or hospitalisation:

8.1 Parent/Legal guardian contact number 1: _____

8.2 Parent/Legal guardian contact number 2: _____

8.3 Name and surname of emergency contact person: _____

8.4 Contact number(s): _____; _____

9. **Medical Aid Details**

Medical Aid name: _____ Medical Aid Number: _____

Name and surname of main member: _____

10. **Doctors Name:** _____ **Tel No:** _____

11. In the absence of a parent, the learner(s) should be referred to _____ Hospital or clinic when need arises to do so.

I.D no of parent/legal guardian

Signature of parent/ legal guardian

Date

Please inform the school should any of your contact details change; it is very important to keep your details up to date with the school.

I further agree and consent that the school is allowed to record a video during the course of the day and post on our WhatsApp groups only as evidence of social distancing and the conduct of learning taking place.

Father's signature: _____ **Date:** _____

Mother's signature: _____ **Date:** _____

Please Note: As a health and safety precaution, kindly ensure on a daily basis when your child gets home, he or she should remove their school shoes and leave it outside the front door. Also, all the clothing they wore during the day to be washed immediately. A bath or shower with antiseptic liquids such as Savlon or Dettol is recommended.

Witness signature: _____

Witness signature: _____