



Form A1 Emergency and Medical Form – Full Time

Student Information			
First Name	Surname		
Family Medical Information			
Physician Details (If you have a family Doctor)			Not Applicable <input type="checkbox"/>
Physician Name	Contact Numbers	Physical Address	
Parent Information			
Father			Is Responsible for payment of fees <input type="checkbox"/>
First Name	Last Name		Cell No. <input type="checkbox"/> On WhatsApp
Education (Degree, Masters etc)	Email		Cell No.2 <input type="checkbox"/> On WhatsApp
Occupation / Profession	Plot number	Ward & City/ town	Omang No. / Passport No.
Mother			Is Responsible for payment of fees <input type="checkbox"/>
First Name	Last Name		Cell No. <input type="checkbox"/> On WhatsApp
Education (Degree, Masters etc)	Email		Cell No.2 <input type="checkbox"/> On WhatsApp
Occupation	Plot number	Ward & City/town	Omang No. / Passport No.
Guardian 3			Responsible for payment of fees <input type="checkbox"/>
First Name	Last Name		Cell No.
Relationship to Student	Plot	City/ town	Email
Emergency Dismissal and Pick Up Contacts			
Please provide at least one (you may provide more) Emergency Contact/s when Guardians might not be available during the day. List someone who agrees to care for your child if he/she becomes ill and you cannot be reached. Please use someone local. In addition, please add contacts of the person responsible for dropping and picking up the child to and from school.			
Please check if you are NOT providing additional dismissal information:			
<input type="checkbox"/> My child may only be released to me - no dismissal contacts are provided			
Full Names	Relationship to Student		Cell No.

Full Names	Relationship to Student	Cell No.
Driver's Full Names	Plate Number	Cell No.

Please flip over to the back and fill out completely

Allergies and Medical Conditions

Allergies

Is your child allergic to any medication, food, etc? What is the severity of their allergy? What should be done in case of a reaction? (You may attach a Medical Report)

Medical Conditions

Does your child suffer from any pre-existing medical conditions (seizures, diabetes, mental health issue, etc.)? What warning signs should we be aware of, and what should be done in case of an emergency?

Has your child ever been identified as having any specific learning needs (is gifted or has a specific learning difficulty)? If yes, please give details below:

Has your child received any specialized support for a learning need in the past? If yes, please give details below.

List the Medication(s) your student takes for allergic reaction.

Medication name:

Dosage:

Time of the day:

Emergency Medical Treatment Consent

In case of emergency, I hereby give permission to transport my child to the nearest hospital/ emergency centre for emergency medical treatment. I will be contacted as soon as possible; at the contact numbers I have provided on this form and will be advised prior to any further treatment by the hospital or medical personnel.

I understand it is my responsibility to provide Emerald Academy with current health care information and emergency contact information.

Please choose:

- I Agree to Emergency Medical Treatment for my child/children.
- I DO NOT Agree to Emergency Medical Treatment for my child/children.



Media Release

There may be occasions when images or words of your child will be used on the school website and/or outside publications (i.e., brochures, flyers, advertisements, social media, etc.)

Media Release Consent:

- Yes, you may use an image or words of my child on the school website and/or outside publications.
- No, I do not wish for my child's image or words to be used on the school website and/or outside publications.

Signature

By signing below, I hereby certify that I have read, understood and agree with the above terms and conditions. I'm also responsible for any false information or failure to provide relevant information.

Full Names:	Signed (Parent/Guardian):	Date: DD / MM / YYYY
-------------	---------------------------	-------------------------

FOR OFFICIAL USE ONLY

Received by:	Signature:	Date: DD / MM / YYYY
--------------	------------	-------------------------



(267) 72 900 078
(267) 393 0221



info@emeraldacademy.co.bw
www.emeraldacademy.co.bw



Plot 19755, Phase 2,
Gaborone, Botswana

