



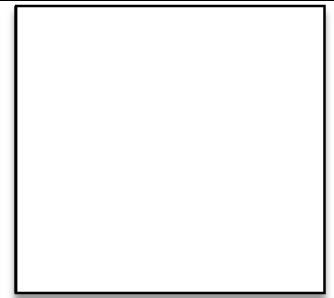
# WESTMINSTER COLLEGE

*Come Of The Diplomats*

## MEDICAL INFORMATION FORM

### Student's Medical Record

*This form must be completed fully and accurately.*



Photo

STUDENT ID # \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_

#### DOCTOR'S REPORT

#### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I have examined the above student and give my report as follows:

HEIGHT	
HEARING	
WEIGHT	
TEETH	
VISION	

#### MISCELLANEOUS MEDICAL INFORMATION (attach additional information/explanation, if necessary)

1. Are you personally acquainted with the student's medical history?  Yes  No
2. List any known allergies, including drug sensitivities:  
\_\_\_\_\_  
\_\_\_\_\_
3. Is the student now receiving medication that you advise continuing? Yes \_\_\_\_ No \_\_\_\_ If yes please list  
\_\_\_\_\_
4. Is there any reason that the student should be limited in a regular education program? Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_
5. Has the student ever been restricted in a physical program before or one that would prevent the student from following the school's academic and sports programme? Yes \_\_\_\_ No \_\_\_\_ If yes, explain  
\_\_\_\_\_
6. Are there any additional problems, which should be called to our attention? Yes \_\_\_\_ No \_\_\_\_ If yes please explain \_\_\_\_\_
7. Are the student's age- appropriate immunizations correct? Yes \_\_\_\_ No \_\_\_\_



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## DOCTOR'S PROFESSIONAL INFORMATION

Doctor's Name: \_\_\_\_\_ Date Of Examination: \_\_\_\_\_ (mm/dd/yyyy)

PLEASE PRINT

Doctor's (Postal/Street) Address: \_\_\_\_\_

Telephone Contact: (Office) \_\_\_\_\_ Email: \_\_\_\_\_ Emergency: \_\_\_\_\_

Doctor's signature and stamp \_\_\_\_\_

Please state the initial date and dates of the last immunization boosters of the following:

	Date	Booster (s)		Date	Booster (s)
Diphtheria			Hepatitis		
Measles			Mantoux (TB Skin Test)		
Mumps			Polio		
Rubella			Tetanus		
Whooping Cough (Pertussis)					

### To be completed by the child's Parents

The following information is most important to the school. Please complete all parts fully and accurately. This form must be completed and placed on file in the Admissions Office when the student enters school. This enables us to care for your child.

#### Medication Permission

I hereby give permission for the above child to be given temporary medication by the school's nurse, including Tylenol, Calpol, Motrin, Cough Medication and Antacids. Yes  No

#### Accident/Illness Treatment Permission

I understand that, whilst every effort will be made to contact parents or guardians in the event of an accident or illness at school, sometimes emergency measures have to be taken immediately. I hereby give permission for emergency measures to be initiated in the case of accident or sudden illness of the child. In the case that hospitalization is necessary I wish my child to be taken to:

Doctor's Hospital

Princess Margaret Hospital

Please circle below if this child has/ has had any of the following:

Allergies/ Asthma	Congenital Abnormalities	Convulsions/Epilepsy	Ear Infections
Frequent Headache	Fainting	Hearing Difficulties	Heart Problems
High/Low Blood Pressure	Kidney/Urinary Infections	Menstrual Problems	Orthopedic problems
Rheumatic Fever	Skin Problems	Tuberculosis	Vision Problems



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Please comment on any circled items or any other conditions:

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- Does this child wear spectacles (glasses) or contact lenses?  Yes  No
- Is this child under special medical care?  Yes  No
- Does this child routinely take medicine?  Yes  No
- Does this child have any problems which adversely affect her/his ability to study?  Yes  No
- Is there any medical reason why this child cannot participate in physical education or sports?  Yes  No
- Does this child have any known allergies to medication?  Yes  No
- Is this child in good health, generally speaking?  Yes  No

If you answered "Yes" to any of the above questions, please give a brief details below.

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*Please complete forms and return to Admissions and Records  
BEFORE your child starts school. Thank You!*



# WESTMINSTER COLLEGE

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## POLICY AGREEMENT

Each student is required to participate in the full programme of the school. By signing the prescribed Application Form and this Agreement, the student and the parent (father/mother) and/or legal guardian signify their acceptance of the fact that Westminster College is a Baptist school.

We accept children of other faiths; however, they must participate in the overall programmes of the school, except there is a medical condition as verified by a medical physical (not more than 6 months old) that prohibits participation.

I, \_\_\_\_\_ parent (father/mother) and/or legal guardian) of \_\_\_\_\_ have read the “major school rules” and I understand the penalties if these rules are not followed.

I agree that: (1) Religious Education is compulsory for all students throughout their school career (2) attendance at assemblies and other religious services/functions is mandatory and (3) there must be full compliance with the dress code, rules and regulations; and (4) failure to abide by the major school rules will result in consequences.

I also agree Westminster College will have my understanding and co-operation, that my child will work hard at all times and be supported to perform to an acceptable standard in all classes and examinations as required by the school and the Ministry of Education.

Parent’s Signature: \_\_\_\_\_

Student’s Name: \_\_\_\_\_

(Please Print)

Grade: \_\_\_\_\_ Term: \_\_\_\_\_

Date: \_\_\_\_\_

(dd/mm/yyyy)