

STUDENT MEDICAL RECORD



WESTWOOD
PRIMARY SCHOOL

WWPS 002/2017
03 Jan 2017

Dear Parent/Guardian

Your child/ward's safety and well-being are of paramount importance during physical activities. While the PE/CCA teachers will do their utmost to ensure safety in the planning and implementation of the lessons, it is vital for them to be updated on pupils' health and medical conditions. As such, an annual health declaration is done at the start of the year.

Please note that information contained in this section will allow PE/CCA teachers to take precautions during the lessons. It does not serve as an exemption from physical activities. A valid letter from the doctor is necessary in order for your child/ward to be excused from physical activities.

Please complete the form and return it to your child/ward's Form Teacher by Friday, 6 Jan 2017. This will allow the PE/CCA teachers to make informed decisions when proper lesson begins from Week 2. Thank you.

Name:	NRIC:	
Date of Birth:	Gender: Male/Female	Class:

Medical Condition	Yes / No	Special Instruction to note <i>(To be substantiated with <u>medical information</u>)</i>
Epilepsy <i>(A disorder of the brain function characterized by recurrent seizures that have a sudden onset.)</i>		
Periodic Loss of Consciousness <i>(E.g. fainting spells)</i>		
Heart Condition <i>(E.g. heart murmur)</i>		
Ear Disorder <i>(E.g. use of hearing aid)</i>		
Respiratory Disorder <i>(E.g. Asthma)</i>		
Allergies <i>(E.g. medication, food, insect bites and stings)</i>		
Is your child/ward on regular medication?		
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?		
Other relevant medical information		

I authorize the teacher and instructors to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above student.

I submit the **attached medical information** concerning my child/ward which includes details of limitations that he/she has for activities concerned.

I am aware that by signing this form, I am consenting to the school and its staff (including Form Teachers, PE teachers, CCA teachers and other authorized school personnel) using the information contained herein for the purposes of (a) updating any student information databases managed by the school or the Ministry of Education, (b) planning and conducting the school's programmes and (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure the safety and well-being of my child.

Parent's/Guardian's Name and Signature

Contact Number

Date

Inspiring a future-ready, anchor-steady community that flourishes and thrives