



# MARTIN HOUSE TRUST SCHOOL

P.O.Box 32, Fringilla, Zambia  
www.martinhoustrustschool.com

## Confidential Medical Form

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Parents:

	Father	Mother
Full Names		
Work Telephone		
Home Telephone		
Mobile Telephone		
Email		
Emergency Numbers		

Name of child's doctor: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Medical Insurance:

Name of Scheme: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Contact Person and Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Child's Medical History:

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Recent Serious illness or injury: \_\_\_\_\_

\_\_\_\_\_

Please provide a certified copy of your child's immunisation card.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_