



Natural Learning Academy

Tel: 021 854 5905 | Fax: 086 608 9358
 E-mail: admin@nlaschool.com | www.nlaschool.org

MEDICAL INFORMATION 2017:

STUDENT INFORMATION:

Student Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID number

Parent/Guardian Name

Parent/Guardian Contact Number

General Practitioner

General Practitioner Contact Number

MEDICAL INSURANCE DETAILS:

Name of Medical Aid / Insurance

Membership Number

Name of Main Member

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID number of Main Member

HEALTH INFORMATION:

		Comment
Allergies	yes/no	
Diabetes	yes/no	
Asthma	yes/no	
Seizure Disorders	yes/no	
Other Serious Health Concerns	yes/no	
Chronic Medication	yes/no	

Herewith I, in my capacity of parent/guardian of the above student, give permission to Natural Learning Academy to make use of the services of GB Med Rescue (or any other medical practitioner should GB Med Rescue not be available), in the event of a life threatening/emergency situation.



SIGNATURE OF PARENT/GUARDIAN