



MEDICAL & WELL-BEING FORM

Completed by: PARENTS/CAREGIVERS

The information you provide about your child will assist us to plan and cater for their needs. This information is strictly confidential and will only be shared with school personnel responsible for admissions decisions and subsequent programming.

Student Name:

Date of Birth:

Grade/Year Level:

1. Does your child have any of these medical conditions?

Table with 9 columns: Condition, Yes, No, Condition, Yes, No, Condition, Yes, No. Rows include Measles, Mumps, Rubella, Chicken Pox, Hemophilia, Constipation, Diarrhea, Eye Infection, Ear Infection, Diabetes, Epilepsy, Asthma, Eczema.

Other (please specify)

2. Does your child have any allergies?

Table with 9 columns: Allergy, Yes, No, Allergy, Yes, No, Allergy, Yes, No. Rows include Seafood, Peanuts, Dairy Products, Fish, Insect stings, Animals, Antibiotics, Band-aids, Dust mites.

Others (please specify)

3. Does your child use any kind of medical device - inhaler, EpiPen, etc.? (A back-up device must be provided to our school medical officer.)

Please specify

4. Do your religious beliefs prevent your child from eating certain foods?

Table with 6 columns: Food, Yes, No, Food, Yes, No. Rows include Pork, Beef.

Other (please specify)



5. Has your child had his/her eyes tested? Yes No

If yes, when was the date of the last test?

6. Does your child have a visual impairment? Yes No

If yes, please specify the treatment or accommodations.

7. Has your child had his/her hearing tested? Yes No

If yes, when was the date of the last test?

8. Does your child have a hearing impairment? Yes No

If yes, please specify the treatment or accommodations.

9. Does your child take medication regularly? Yes No

If yes, list all medications and state their purpose (include a list of medications and dosages for health and safety purposes).

10. Does your child have any of the following learning or behavioural needs?

ADD/ADHD	Yes	No
Autism/Aspergers	Yes	No
Dyslexia	Yes	No
Behavioural Needs	Yes	No
Learning Difficulties	Yes	No

Please indicate any other conditions not specified above.

**Families are expected to provide records and/or evidence of evaluations related to the above needs, including reports of extra educational support your child is/has been receiving.**



**Only for applicants entering into the Early Learning Centre (ELC) - Prep 3 and 4.**

My child can eat independently.	Yes	No
My child is completely toilet trained.	Yes	No
My child can use the bathroom independently.	Yes	No

**IMPORTANCE OF A FULL DISCLOSURE FOR MEETING YOUR CHILD'S NEEDS**

All relevant information regarding your child's educational, psychological (social-emotional), physical and/or medical needs (including contagious illnesses) **must** be outlined in detail in the admissions application.

**Failure to disclose this information may result in the re-evaluation of your child's offer of admission or subsequent enrollment.**

Date:

Name of Parent/Guardian completing the form:

**Please fill out and attach to your on-line application or email to [enrollment@lisluanda.com](mailto:enrollment@lisluanda.com)**