NEXGEN ACADEMY
LEARNING MADE SIMPLE !

Effective : 1st October 2020

MEDICAL FORM

Kindly indicate if child is suffering from any known medical condition(s) that requires special attention.

NAME OF DOCTOR

PHYSICAL ADDRESS OF CHILD

PHYSICAL ADDRESS OF DOCTOR

EMERGENCY CONTACT DETAILS

NAME OF PERSON(S):

EMERGENCY PHONE NUMBER(S):

- We highly recommend any child with pre-existing condition that could make them vulnerable to be being infected by the Covid 19 virus, first consult their doctor to get a clearance letter prior to reporting back to school.
- Kindly ensure to fill in the most current information and in case of any changes , please immediately notify the school administration to update the records.
- The parent/guardian assumes full responsibility in providing correct information at all times.

Submitted by:

Name:	Signature:	Date: