

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to Parents / Guardians**Return Form on Health Condition of Pupil**

This form is to be completed by the parents / guardians of the pupil.

Name of pupil : \_\_\_\_\_ Sex : \_\_\_\_\_

Class : \_\_\_\_\_ ( ) Date of Birth : \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

1. If the pupil has ever had the following medical condition (s), please mark "✓" in the appropriate box and specify details.

✓	Disease	Age Detected	Details of Disease
	G6PD deficiency		
	Bronchial asthma		
	Epilepsy		
	Fits due to fever		
	Kidney disease		
	Heart disease		
	Diabetes mellitus		
	Hearing defect		
	Haemophilia		
	Anaemia		
	Other blood disease		
	Allergy to drugs		
	Allergy to vaccines		
	Allergy to food		
	Other allergies		
	Tuberculosis		
	Minor operation		
	Major operation		
	Others		

2. If the pupil is considered not suitable for participation in P.E. lessons or any other type of school activities, please specify:

\_\_\_\_\_

\_\_\_\_\_

and submit a medical certificate for school's reference.

3. Any other remarks:

\_\_\_\_\_

\_\_\_\_\_

4. I hereby \*agree / disagree with my child / ward, to participate P.E. lessons, Sports Days and other sports activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\* Delete where inappropriate