



Plot 49 Masajja Lubowa,  
Katera Close Opp. Lindsay Cottages  
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Email: malaika.kindergarten@gmail.com

**MALAIKA KINDERGARTEN STUDENT FORM**

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Main language  
Of child: \_\_\_\_\_

Religion: \_\_\_\_\_

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email

Mother's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email

Guardian's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email

**PARENTAL/GUARDIAN AUTHORISATION**

I, \_\_\_\_\_ (Parent's name), fully understand that Malaika Kindergarten will have organized trips, outings and school activities and I consent to my child being transported in the school vehicle or taken on public transport under the charge of the school for these trips, outings and school activities.

The school will take all the necessary precautions to ensure my child's safety while travelling to and from these trips, outings and school activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (Parent's name) agree for my child to be photographed whilst at School and for such pictures to be used and displayed in promoting the school, both on paper and on the school website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CARD**

**IN CASE OF ILLNESS/ACCIDENT/ EMERGENCY, PLEASE CALL**

Alternative 1 (Full Name) \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

Alternative 1 (Full Name) \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

Please state whether your child suffers from any medical problems that the school should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please state whether your child has any allergies to medicines and state the medication(s) that your child is allergic to:

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Please state whether your child has any allergies to foods eg nuts and if your child needs any anti allergy medication.

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Please detail any medications your child takes making it clear whether these are “regular” or “as required” and whether the child will need to be given them during school hours: **Please note that all medication should be handed in to the school office not given to the children to carry to school.**

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Please give details of any dietary needs eg vegetarian, no pork, no beef, gluten or lactose intolerance, etc

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Other relevant information from the parent/guardian/doctor:-

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Parent/Guardian Signature

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Date

### **MEDICAL AUTHORISATION**

In the event that it is not possible to obtain parent/guardian consent in the case of accident or illness of my child, I hereby authorize the school administration to call the ambulance and sign consent for any essential treatment to be commenced. I undertake to be responsible for any costs incurred. In non emergency situations I consent for the school to give first aid and medicate with Paracetamol and/or Ibuprofen, Calpol, Cetamol, as needed. Please inform the school if your child has any allergy to the mentioned first aid medication.

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Parent/Guardian Signature

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Date

N.B: Should any change occur with respect to contact details or child information, the school must be made aware of these changes with immediate effect.

### **DECLARATION**

I confirm that all the information I have provided to the School is true and correct and I will take responsibility if the same is used by the school in relation to the student.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_