

Oakhill Odyssey Medical info Card

Child Name : _____ Age: _____
Medical Aid: _____ Medical aid nr: _____
Principal member: _____ Contact nr: _____

Emergency contacts:

Name	Relation	Contact nr
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication: _____

Allergies: _____

Special conditions: _____

