

MNB COLLEGE

YOUR PASSION YOUR PROFESSION

HEALTH & CONSENT FORMS PACK

Student health, emergency contact, medical treatment, permissions and school health records

This consolidated MNB College pack brings together the health and consent documents needed for enrolment and ongoing learner care. Parents/guardians should complete the relevant parent sections fully. School staff should retain the records securely, update the ERP/health flags where appropriate, and review the documents whenever circumstances change.

Academic cycle	2026/2027
Applies to	Boarding and Day Scholars
Document status	Parent/Guardian completion required where applicable
School address	Plot 6, Corleiner Farm, Chegutu, Zimbabwe

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO THE SCHOOL ADMINISTRATION / HEALTH OFFICE

PACK CONTENTS

1. Student Health & Medical Information Form
2. Emergency Contacts & Medical Provider Details
3. Medical Treatment & Medication Consent Form
4. Parent / Guardian Consent & Permissions Form
5. Health Incident, Sick Bay & Medication Record (school use)

. PARENT / GUARDIAN COMPLETION CHECKLIST

Document	Required action	Completed
Student Health & Medical Information Form	Complete for every learner	[]
Emergency Contacts & Medical Provider Details	Complete for every learner	[]
Medical Treatment & Medication Consent	Complete consent choices; medication section if applicable	[]
Parent / Guardian Consent & Permissions	Complete each Yes / No / acknowledgement item	[]
Health Incident / Sick Bay Record	School use only - parent does not pre-complete	N/A

GOVERNANCE AND PRIVACY NOTE

Health information is sensitive and should be handled confidentially. MNB College should limit access to authorised personnel, use information only for legitimate education, safeguarding, care and administrative purposes, and retain/dispose of records under its approved records and privacy procedures. Management should periodically review these forms with its medical and legal advisers so that emergency treatment, medication administration, child safeguarding and data-handling wording remains aligned with applicable Zimbabwean requirements.

WHY THIS FORM IS REQUIRED

MNB College needs accurate and current health information so staff can respond appropriately when a learner becomes ill or injured. The school will treat this information as confidential, restrict access to staff who need it for safeguarding or care, and share relevant information with emergency or health professionals only when reasonably necessary.

A. LEARNER IDENTIFICATION

Learner full name	
Date of birth	
Sex	
Form / Grade	
Class	
Boarding status	☐ Boarder ☐ Day Scholar
Admission / Student No.	
Home address	

B. PARENT / GUARDIAN DETAILS

Provide the details of the person who normally makes medical decisions for the learner.

Parent/Guardian 1	
Relationship	
Mobile / WhatsApp	
Alternative phone	
Email	
Residential address	
Parent/Guardian 2	
Relationship	
Mobile / WhatsApp	
Alternative phone	
Email	
Residential address	

C. MEDICAL AID / HEALTH INSURANCE DETAILS

Complete this section even if the learner is not currently covered by medical aid or insurance.

Medical aid / insurer	
Membership / policy number	
Principal member	
Relationship to learner	
Medical aid contact number	
Scheme / plan	
If not insured	☐ Learner currently has no medical aid / health insurance

D. DOCTOR, CLINIC, HOSPITAL AND MEDICAL ADDRESSES

These details help the school contact the learner's usual provider or identify the family's preferred facility where circumstances allow.

Family doctor / GP name	
Practice / clinic name	
Practice address	
Doctor / clinic phone	
Preferred hospital	
Hospital address	
Hospital phone	
Specialist name (if applicable)	
Specialist field	
Specialist address / phone	
Dentist (optional)	
Dentist address / phone	

E. HEALTH HISTORY

Tick Yes or No for every item. Where Yes is selected, give enough detail for staff to understand the condition and what action may be required.

Condition	Tick	Details / action required
Severe allergy / anaphylaxis	☐ Yes ☐ No	
Asthma / breathing condition	☐ Yes ☐ No	
Diabetes / blood sugar condition	☐ Yes ☐ No	
Epilepsy / seizures / fainting	☐ Yes ☐ No	
Heart / cardiovascular condition	☐ Yes ☐ No	
Blood disorder / bleeding condition	☐ Yes ☐ No	
Kidney / urinary condition	☐ Yes ☐ No	
Gastrointestinal / digestive condition	☐ Yes ☐ No	
Musculoskeletal / mobility condition	☐ Yes ☐ No	
Vision condition / uses glasses	☐ Yes ☐ No	
Hearing condition / hearing aid	☐ Yes ☐ No	
Skin condition / eczema	☐ Yes ☐ No	
Neurological condition / migraines	☐ Yes ☐ No	
Recent surgery / serious injury	☐ Yes ☐ No	
Communicable / infectious condition requiring precautions	☐ Yes ☐ No	
Learning / developmental / support need relevant to safety	☐ Yes ☐ No	
Emotional or psychological support need relevant to school care	☐ Yes ☐ No	
Other ongoing medical condition	☐ Yes ☐ No	

F. ALLERGIES AND EMERGENCY ACTION PLAN

List all known allergies, including food, medicines, insect stings, latex or environmental triggers. If the learner has a written emergency action plan, attach a current copy.

Allergen / trigger	Reaction / symptoms	Emergency medicine / action

Emergency plan attached? ☐ Yes ☐ No Plan expiry/review date:

G. CURRENT MEDICATIONS

Record all regular, intermittent and emergency medicines the learner may require. Medication brought to school must be clearly labelled and handled under the school medication procedure.

Medication	Reason	Dose / instructions as prescribed	When taken	Kept at

IMPORTANT MEDICATION NOTE

Parents/guardians should not place loose or unidentified medicines in a learner's luggage or school bag. Prescription medicine should normally be supplied in the original pharmacy container with the learner's name and clear instructions. Any medicine to be administered by school staff requires the separate Medication Administration Consent section/form.

H. IMMUNISATION / VACCINATION INFORMATION

MNB College does not use this section to make a diagnosis. It records information that may be relevant to public-health measures, outbreaks, travel or medical referral.

Immunisations generally up to date	☐ Yes ☐ No ☐ Unsure
Vaccination card / record available	☐ Yes ☐ No
Important details or exemptions to note	

I. DIETARY REQUIREMENTS, PHYSICAL RESTRICTIONS AND ACCESS NEEDS

Food allergy	☐ None ☐ Yes - explain below
Dietary requirement	☐ None ☐ Medical ☐ Other - explain below
PE / sports restriction	☐ None ☐ Temporary ☐ Ongoing - explain below
Mobility / access requirement	☐ None ☐ Yes - explain below

Details / instructions: _____

J. BOARDING-SPECIFIC HEALTH INFORMATION

Boarders spend extended periods under school care. Please disclose information that could affect night-time safety, sleep, diet, medication, personal care or the learner's ability to seek help.

Item	Tick	Details
Night-time medication	☐ Yes ☐ No	
Sleepwalking / night terrors / seizure risk	☐ Yes ☐ No	
Bed-wetting / continence support	☐ Yes ☐ No	
Special dietary timing / hydration needs	☐ Yes ☐ No	
Needs assistance with mobility / personal care	☐ Yes ☐ No	
Other boarding health consideration	☐ Yes ☐ No	

K. MEDICAL INFORMATION UPDATE OBLIGATION

Parents/guardians must notify MNB College promptly if any medical condition, allergy, medication, restriction, emergency contact, medical aid status, doctor/hospital detail or treatment instruction changes during the year. The school should not be expected to rely on outdated information where a parent/guardian knew that circumstances had changed.

. PARENT / GUARDIAN DECLARATION

I confirm that the information supplied in this health record is accurate and complete to the best of my knowledge. I understand that MNB College will use it for learner safety, safeguarding, health support and emergency response, and that relevant information may be shared with authorised staff or health/emergency professionals where reasonably necessary for the learner's care.

Parent/Guardian full name	
Relationship to learner	
Signature	
Date (DD/MM/YYYY)	
Primary phone number	

L. SCHOOL USE ONLY

Form received by	
Date received	
Health risk flag required	☐ Yes ☐ No
Emergency plan copied to relevant staff	☐ Yes ☐ No ☐ N/A
Medication consent form required	☐ Yes ☐ No
Record review date	
Confidential file / ERP reference	

EMERGENCY CONTACT PRINCIPLE

The school will normally attempt to contact a parent/guardian as soon as practicable. In a serious or time-critical emergency, staff may first call emergency services or arrange urgent transport and then continue trying to reach the family. Please provide reliable numbers that are likely to be answered.

A. LEARNER DETAILS

Learner full name	
Form / Grade and Class	
Boarding status	☐ Boarder ☐ Day Scholar
Student / Admission No.	

B. PRIMARY PARENT / GUARDIAN - CONTACT FIRST

Full name	
Relationship	
Mobile / WhatsApp	
Alternative phone	
Work phone	
Email	
Residential / work address if useful in emergency	

C. SECOND PARENT / GUARDIAN

Full name	
Relationship	
Mobile / WhatsApp	
Alternative phone	
Work phone	
Email	
Residential / work address if useful in emergency	

D. ALTERNATE EMERGENCY CONTACTS

List responsible adults who may be contacted when parents/guardians cannot be reached. These contacts should know the learner and should have agreed to be listed.

Priority	Name	Relationship	Mobile / WhatsApp	Alternative phone
1				
2				
3				

Any limitation on what an alternate contact may decide or do:

E. AUTHORISED COLLECTION / RELEASE CONTACTS

Only list people whom MNB College may release the learner to when school procedures allow. Identification may be requested. The school may still contact the parent/guardian before release where circumstances require it.

Full name	Relationship	Phone	ID / identifying note (optional)

F. PEOPLE NOT AUTHORISED TO COLLECT THE LEARNER

Complete only if there is a person the school should specifically not release the learner to. Where a legal order applies, provide the school with an appropriate copy or official instruction.

Name	Relationship / reason	Legal document supplied?
		☐ Yes ☐ No ☐ N/A
		☐ Yes ☐ No ☐ N/A

G. MEDICAL PROVIDERS AND ADDRESSES

Family doctor / GP	
Practice / clinic	
Practice address	
Doctor / clinic phone	
Preferred hospital	
Hospital address	
Hospital phone / emergency desk	
Specialist (if applicable)	
Specialist address	
Specialist phone	
Medical aid / insurer	
Membership number	
Medical aid emergency / authorisation number	

H. EMERGENCY COMMUNICATION PREFERENCES

Preferred first method	☐ Call ☐ WhatsApp call/message ☐ SMS ☐ Email
Language preference (if relevant)	
If primary guardian cannot be reached	☐ Contact second guardian, then alternate contacts in listed order
Important communication note	

I. CONSENT TO EMERGENCY CONTACT AND NECESSARY INFORMATION SHARING

I authorise MNB College to use the above contact information for safeguarding, illness, injury, urgent collection, medical referral and other genuine learner emergencies. I understand that the school may share relevant health/contact information with emergency services, a treating health professional or an authorised person where reasonably necessary to protect or care for the learner.

Parent/Guardian name	
Signature	
Date	

KEEP THIS FORM CURRENT

A disconnected phone, changed home address or outdated emergency contact can delay care. Parents/guardians must provide updated details promptly. MNB College may periodically ask families to confirm that contact and medical-provider information is still correct.

IMPORTANT

Consent should be specific, informed and current. MNB College staff should provide only the level of care they are trained and authorised to provide. In a serious emergency, qualified emergency or health professionals determine appropriate clinical treatment. The school will make reasonable efforts to contact the parent/guardian as soon as practicable.

A. LEARNER DETAILS

Learner full name	
Form / Grade and Class	
Boarding status	☐ Boarder ☐ Day Scholar
Date of birth	
Known serious allergy / condition	

B. FIRST AID AND EMERGENCY RESPONSE CONSENT

Tick one choice for each line.

Permission	Parent/Guardian choice
Basic first aid by trained/authorised school staff	☐ I CONSENT ☐ I DO NOT CONSENT
School to call ambulance / emergency service when staff reasonably believe urgent care is needed	☐ I CONSENT ☐ I DO NOT CONSENT
Emergency transport to an appropriate medical facility if parent/guardian cannot be reached in time	☐ I CONSENT ☐ I DO NOT CONSENT
School to provide relevant medical/contact information to treating professionals where necessary for care	☐ I CONSENT ☐ I DO NOT CONSENT
Urgent examination and treatment by qualified health professionals when delay could materially endanger the learner	☐ I CONSENT ☐ I DO NOT CONSENT

EMERGENCY LIMITATION

This consent authorises the school to arrange care and provide relevant information. It does not allow school staff to make specialist clinical decisions outside their role. Non-emergency procedures that legally require separate parent/guardian consent should still be referred to the parent/guardian unless an applicable emergency rule allows otherwise.

C. PRESCRIPTION / REGULAR MEDICATION ADMINISTRATION AUTHORISATION

Complete this section for each medicine that may need to be administered or supervised by school staff. A separate sheet may be attached for additional medicines.

Item	Medication 1	Medication 2
Medicine name		
Reason / condition		
Strength		
Dose exactly as prescribed		
Time(s) / frequency		
Route (oral, inhaled, etc.)		
Start date		
Stop / review date		
Special storage		
Possible side-effects / warning signs		
Prescriber / doctor		
Pharmacy label attached / original container	☐ Yes ☐ No	☐ Yes ☐ No

Additional written instructions / emergency action:

D. SELF-CARRY / SELF-ADMINISTRATION REQUEST

For medicines such as an inhaler or emergency medication, parents may request that a suitably mature learner carry or self-administer the medicine, subject to school approval and safety arrangements.

Learner requested to self-carry	☐ Yes ☐ No ☐ Not applicable
Medicine	
Parent/Guardian confirms learner understands correct use	☐ Yes ☐ No
School approval / conditions	

E. NON-PRESCRIPTION MEDICATION

MNB College should not administer non-prescription medication merely because a general health form is on file. Any such medicine should be governed by the school medication policy and, where permitted, by specific written parent/guardian authorisation for the named medicine and circumstances. Do not use this form as a substitute for clinical advice.

Do you authorise any non-prescription medicine under school policy?	☐ No ☐ Yes - only the specific medicine(s) written below
Medicine name	
Reason / circumstances	
Dose / instructions from label or health professional	
Restrictions / allergies	

F. SPORTS / PHYSICAL ACTIVITY MEDICAL CLEARANCE INFORMATION

May participate normally	☐ Yes ☐ No
Temporary restriction	☐ No ☐ Yes - until: _____
Requires medical clearance before participation	☐ No ☐ Yes
Restrictions / precautions	
Doctor note attached	☐ Yes ☐ No ☐ Not required

G. COSTS AND MEDICAL AID

I understand that ambulance, consultation, hospital, pharmacy, diagnostic or other external medical costs may be charged by third-party providers and may remain the responsibility of the parent/guardian or medical aid, subject to the provider's terms and applicable arrangements. MNB College will provide available medical aid details to the treating provider where appropriate.

H. PARENT / GUARDIAN CONSENT AND DECLARATION

I confirm that I have read the choices marked above and that the learner's health information and medicine instructions supplied to MNB College are accurate. I will inform the school promptly of any change and will replace expired or depleted emergency medicine when required.

Parent/Guardian full name	
Relationship	
Primary phone	
Signature	
Date	

I. SCHOOL AUTHORISATION / HEALTH OFFICE USE

Medication received by	
Date received	
Container / label checked	☐ Yes ☐ No ☐ N/A
Storage location	
Administration record opened	☐ Yes ☐ No
Staff informed on need-to-know basis	☐ Yes ☐ No
Review / expiry date	

HOW TO USE THIS FORM

Please do not leave consent choices blank. Where a parent/guardian does not consent, the school will apply the relevant policy and determine a reasonable alternative where possible. Some essential processing may still be required for education, safeguarding, legal compliance or administration even where an optional publicity/media consent is declined.

A. LEARNER AND PARENT/GUARDIAN DETAILS

Learner full name	
Form / Grade and Class	
Boarding status	☐ Boarder ☐ Day Scholar
Parent/Guardian full name	
Relationship	
Mobile / WhatsApp	

B. EDUCATIONAL AND CO-CURRICULAR ACTIVITIES

Consent item	Choice
Participation in ordinary supervised school lessons, clubs and low-risk on-campus activities	☐ YES ☐ NO
Participation in PE and ordinary school sports, subject to medical restrictions already disclosed	☐ YES ☐ NO
Participation in supervised local educational visits / field activities where the school issues notice	☐ YES ☐ NO
Emergency transport connected to an illness or injury, as set out in the medical consent form	☐ YES ☐ NO

SEPARATE CONSENT MAY STILL BE REQUIRED

MNB College may issue a separate form for overnight trips, high-risk sports, swimming events, long-distance travel, tours, activities with unusual hazards, or activities carrying material additional cost. This general consent does not remove that requirement.

C. PHOTOGRAPHY, VIDEO AND PUBLICITY

These are optional publicity permissions. Declining publicity consent should not prevent a learner from participating in ordinary education.

Media permission	Choice
Internal school photographs/video for records, class activities, displays and secure parent communication	☐ YES ☐ NO
School website and official social-media pages	☐ YES ☐ NO
Printed prospectus, brochures, posters, banners and school publications	☐ YES ☐ NO
News/media coverage arranged or approved by the school	☐ YES ☐ NO
Use of learner's first name with image in publicity	☐ YES ☐ NO
Use of learner's full name with image in publicity	☐ YES ☐ NO

Specific media restriction or instruction:

D. DIGITAL SYSTEMS, ERP AND EDUCATIONAL TECHNOLOGY

Digital permission / acknowledgement	Choice
Use of MNB College ERP / parent portal for attendance, results, reports, receipts and school records	☐ ACKNOWLEDGE
Learner use of school-approved computers, internet and educational platforms under ICT rules	☐ YES ☐ NO
Electronic delivery of notices, reports and school communications	☐ YES ☐ NO
Parent/Guardian communication by WhatsApp / SMS / phone using supplied contact details	☐ YES ☐ NO

ICT CONDITION

Permission to use school technology is conditional on compliance with MNB College ICT and acceptable-use rules. Misuse, including unauthorised social-media or messaging activity during restricted periods, may result in access controls or disciplinary action under school rules.

E. TRANSPORT AND RELEASE

Item	Choice
Learner may use school-arranged transport for normal approved school activities	☐ YES ☐ NO
Learner may be released only to parent/guardian or persons listed on the Emergency Contact & Authorised Collection Form	☐ ACKNOWLEDGE
For a boarder, normal school-controlled departure / return arrangements apply unless written alternative authority is given	☐ ACKNOWLEDGE

F. HEALTH, SAFEGUARDING AND NECESSARY INFORMATION SHARING

Acknowledgement	Choice
Relevant health information may be shared internally on a need-to-know basis for safety and care	☐ ACKNOWLEDGE
Relevant information may be shared with emergency or treating professionals where reasonably necessary	☐ ACKNOWLEDGE
The school may contact me about welfare, attendance, discipline, health, academic progress or urgent safeguarding matters	☐ ACKNOWLEDGE

G. PARENT / GUARDIAN DECLARATION

I have considered each permission and acknowledgement above. I understand that I may contact MNB College in writing to update an optional consent choice, subject to actions already lawfully taken or materials already produced. I also understand that essential school administration, safeguarding, academic record-keeping and legal obligations may operate under school policy and applicable law rather than optional publicity consent.

Parent/Guardian name	
Relationship	
Signature	
Date	
Phone / WhatsApp	

H. SCHOOL USE ONLY

Received by	
Date received	
Consent restrictions flagged on learner record	☐ Yes ☐ No
ERP / record updated	☐ Yes ☐ No
Follow-up required	☐ Yes ☐ No - details:

CONFIDENTIAL INTERNAL RECORD

Complete this form as soon as reasonably possible after a health incident or sick-bay visit. Significant incidents should be escalated under the school's safeguarding, health and safety, boarding or emergency procedures as applicable.

A. LEARNER / INCIDENT DETAILS

Learner full name	
Form / Grade and Class	
Boarder / Day Scholar	
Date	
Time first reported	
Location	
Staff member receiving learner	

B. PRESENTING COMPLAINT / INCIDENT

Type	Tick	Notes
Illness / unwell	☐	
Injury / accident	☐	
Allergic reaction	☐	
Breathing problem	☐	
Fainting / seizure	☐	
Medication issue	☐	
Other	☐	

Learner's description / observed signs:

C. OBSERVATIONS AND FIRST AID

Observation / action	Details
General appearance / behaviour	
Temperature if taken	
Breathing / airway observations	
Visible injury / swelling / bleeding	
First aid provided	
Rest / hydration / monitoring	
Other objective observation	

RECORD FACTS, NOT UNSUPPORTED DIAGNOSES

Write what was reported or observed and the action taken. If a qualified health professional gives a diagnosis or instruction, record the professional's name/role and the instruction separately.

D. PARENT / GUARDIAN CONTACT

Time	Person contacted / attempted	Method	Outcome / instruction

E. REFERRAL / TRANSPORT / OUTCOME

Outcome	Tick	Details / time
Returned to class / activity	☐	
Rested in sick bay / supervised area	☐	
Collected by parent / authorised person	☐	
Referred to doctor / clinic	☐	
Transferred to hospital / emergency service	☐	
Other	☐	

F. MEDICATION ADMINISTRATION LOG

Only record medicine administered under a valid authorisation, emergency plan or other lawful school procedure.

Date	Time	Medicine	Dose	Reason	Given by	Witness / check

G. FOLLOW-UP / RETURN TO SCHOOL

Follow-up required	☐ No ☐ Yes
Parent requested medical review	☐ No ☐ Yes
Medical note / clearance required before return	☐ No ☐ Yes
Follow-up date	
Restrictions / adjustments	
Staff informed on need-to-know basis	

H. STAFF SIGN-OFF

Staff member name	
Role	
Signature	
Date / time completed	
Reviewed by senior staff (if required)	
Review signature / date	