



# Medical Form

To be completed each year by the Parent/Guardian and returned to the Admissions Office.

## Student Information

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

## Medical History

**Has your child had any of the following diseases?**

Chicken Pox  Yes  No

Mumps  Yes  No

Scarlet Fever  Yes  No

Measles  Yes  No

German Measles  Yes  No

**Please tick the appropriate box if your child has or has had any of the following health conditions :**

Allergies  Yes  No

Please explain \_\_\_\_\_

Frequent headaches/Earaches  Yes  No

Convulsions  Yes  No

Please explain \_\_\_\_\_

Tuberculosis  Yes  No

Epilepsy  Yes  No

Diabetes  Yes  No

Attention Deficit and  Yes  No

Hyperactivity Disorder

Please explain \_\_\_\_\_

Has your child ever had an operation?  Yes  No

Please explain and give

date \_\_\_\_\_

**Has your child ever had a serious injury?**  Yes  No

Please explain and give date \_\_\_\_\_

**Is your child currently receiving any medical treatment?**  Yes  No

Details (including drug(s) and dosage if applicable) \_\_\_\_\_

**Is he or she required to receive such treatment in school time?**  Yes  No

If so, you will be kindly asked to give the doctor's prescription to the school nurse upon his or her acceptance.

Please indicate if the child should be excused from a particular sport during the current academic year \_\_\_\_\_

**Please write in any other information regarding your child's health that we should know. If any new important information arises after filling in this form, please inform the School.**

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**If you have or will have private health insurance, please provide the following details:**

Insurer name	Address
Contact person	
Telephone	Fax
Insurance No.	Email

**In the event of a serious accident or emergency, the child will be taken to the hospital. The school will immediately contact the parents, or if not available, another emergency contact.**

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_