



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
Hyperactivity Disorder Yes No

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.

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: _____