

Student Health and Information Form

Student Information

Student's Name _____
(Passport name) (Family) (First) (Middle)

Student's Address: _____

Date of Birth ____/____/____ Male ____ Female ____ Grade applying for ____
month day year

Father's Name: _____

Home Phone _____ Work _____ Mobile _____

Mother's Name: _____

Home Phone _____ Work _____ Mobile _____

Emergency Contact Information (if someone different than the parents)

Emergency Contact Person: Name _____ Relationship to Student _____

Home Phone _____ Work _____ Mobile _____

Emergency Contact Person: Name _____ Relationship to Student _____

Home Phone _____ Work _____ Mobile _____

Medical History

Does your child have any current medical conditions? Please complete the table with a check (✓). Attach additional pages if required.

ADD/ADHD Asthma Diabetes Major Surgery/Accidents

Allergies Congenital Anomalies Heart Disease Other

If yes, please provide details of the condition(s).

Is your child currently taking any medication? Yes/ No
If yes, please list your current medication(s).

Does your child have any problems with hearing or vision? Yes/No
If yes, please provide details.

Does your child have any health problems that restrict your participation in physical education, music, or any other school activities? Yes/ No
If yes, please provide details.

Indicate with a check (✓) if your child has had the following.

- Chickenpox Mumps Rubella (German Measles)
- Measles Pertussis (Whooping cough) Tuberculosis

Medical Permission

I hereby give permission for my child to be given temporary medication by the school nurse. Medication used in the nurse's office may include, but is not limited to paracetamol, acetaminophen and ibuprofen.

Yes No

Accident Treatment Permission

I understand all efforts will be made to contact parents first, and the emergency contact second, and if neither are available I hereby give permission for emergency measures to be initiated in case of accident or sudden illness.

Yes No

Health Insurance Card

I have attached a copy of my child's health insurance card.

Expiration date of the card: _____

I certify that all information above is correct and complete.

Signature of Parent(s)/Guardian

Date

Health Insurance Card Copy

Name of Child: _____

Name of Parent: _____

Parent Signature or Hanko: _____

