

STUDENT HEALTH FORM

Please fill out the form **in print** (this form can also be **filled in electronically**).

Family Name:

Student's Name:

Date of Birth:

(dd/mm/yyyy)

Male

Female

MEDICAL HISTORY: Please answer all questions

Does your child suffer from any chronic medical conditions such as asthma, diabetes, epilepsy etc.?

Yes

No

If yes, please give details, including current treatment.

Does your child suffer from allergies?

Yes

No

If so, please check those which apply:

Food

Medication

Insects

Plants

Other:

Please give details, including current treatment:

Does your child take any regular medication?

Yes

No

If yes, please give details of all medications taken.

Are there any special medical problems or concerns of which the staff should be aware of?

Yes

No

If yes, please specify (or contact the School Nurse if you wish to discuss anything further)

Does your child have a history of ear infections?

Yes

No

If yes, please give details e.g. operations

Does your child wear glasses?

Yes

No

Should they be worn at all times?

Yes

No

For School Nurse Use Only:

Yes, vaccination record attached

No, vaccination record not attached

Nurses notes/comments:

***** NOTE: A copy of your child's vaccination record must be attached to this form.*****

Family Name: _____ **Student's Name:** _____

Baselland School Health Regulations state that each year, an authorised school doctor will carry out compulsory health screening (Schulärztliche Untersuchung) on all students in EC 3 and Grade 4 and facilitate a student health questionnaire in Grade 7.

In case of an emergency, the School will seek emergency medical care as deemed appropriate according to the circumstances. Every reasonable effort will be made to contact the parents at the earliest opportunity.

Please complete the following sections:

A. I have read the above and agree to the procedures and give permission to ISB to consult a local physician as necessary.

Yes No

B.

1. My child is able to participate in the full school sports programme.

Yes No

If No, please answer (2).

2. My child has some restrictions in participating in the full school sports programme.

Yes No

Please give details:

C. I give permission to the School Nurse to administer over-the-counter medication such as Paracetamol, ointment and lozenges to my child, if required:

Yes No

Please certify the form by ticking the box and typing your name below.

I undertake to inform the School in writing of all important health matters including any significant changes subsequent to completing this Form.

Date:

Parent Name: