

This form must be completed and on file in the Nurse's Office before the student enters school. This enables us to adequately care for your child during the school day.

An updated Health Record must be submitted to the School during re-enrollment when the child is entering Kindergarten, Grade 6 or Grade 9. The family is required to communicate to the School any changes to the child's health or vaccination records.

STUDENT INFORMATION

Student: _____ Grade: _____
(Last name) (First name) (Middle name)

Date of Birth: _____ Gender: Male Female Nationality: _____
Day/Month/Year

Mother Name/Guardian: _____ Father Name/Guardian: _____

Contact Details in ROME if available:

Home Address: _____ Mother's Mobile: _____
 _____ Father's Mobile: _____
 _____ Emergency Contact Name: _____
 _____ Relationship to the Student: _____
 Home Telephone: _____ Emergency Contact Telephone: _____

MEDICAL HISTORY

1. Allergies. List your child's allergies. Include foods, drugs, plants, animals. None

Cause	Reaction	Treatment
_____	_____	_____
_____	_____	_____

2. Medication. Does your child take medication at home on a daily basis? No Yes

Medication	Used to treat	Dose/Time
_____	_____	_____
_____	_____	_____

Before daily medication can be administered by the Nurse, a doctor's prescription must be submitted.

3. Any dietary requirements? No Yes
 If yes please state requirements: _____

4. Is your child receiving current or ongoing treatment for any medical, surgical or psychological condition? No Yes
 Please explain and attach physician's statement

5. Is there any reason why your child cannot participate in Physical Education classes? No Yes
 Please explain and attach physician's statement

Parents are advised that students participating in after-school sporting activities, the Middle School Sports Program, or Varsity teams are required to obtain - in addition to this completed Health Record - a medical certificate from an Italian doctor ("**certificato medico per attività sportive non-agonistiche**"), which has a maximum validity of one year. Families are required to renew the Italian medical certificate on an annual basis and submit the update to the School. Students will not be permitted to participate in the activities listed above without a valid and current certificate being on file.

5. Visual Difficulties No Yes Contact Lenses Glasses
6. Any previous difficulties with Hearing, Speech or Language Development? No Yes

Please give details _____

7. Please indicate if your child has had the following conditions:

Seizures	Headache
TB	Blood Pressure
Eczema	Frequent Nosebleeds
Asthma	Orthopedic
Emotional Trauma	Other

8. Other medical/health information you may wish to include that may help us understand your child's health needs:

9. Immunization. Please provide month and year of immunizations received. Please attach a copy of the original record.

VACCINATION	YEAR	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 →
Polio		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diphtheria		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tetanus		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Whooping cough		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Haemophilus Influenza type B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Meningitis B																		X
Meningitis C													X	X	X	X	X	X
Measles		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Rubella		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mumps		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Chicken pox																		X

10. 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 (Tachipirina), Aspirin, Ketoprofen (Oki), Ibuprofen (Moment), and some homeopathic remedies.

Date: _____ Signature: _____

11. Accident Treatment Permission

I understand all efforts will be made to contact parents first, 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. I certify that all information given is correct and complete.

Date: _____ Signature: _____

Failure to declare accurate and full medical information may result in annulment of the school's acceptance offer or require withdrawal from Marymount International School. Please note that Marymount International School, is sensitive to supporting the unique medical needs of its students, therefore we are a nut (including nutella) free campus. Parents are responsible for working closely with the school's Nurse to address a child's allergy, or any individual medical needs.

As a responsible parent I authorize / I do not authorize the school Nurse to divulge to the appropriate faculty/staff member any details pertaining to my child when the Nurse in her professional capacity is of the opinion that it would be to the benefit of the child within the framework of the applicable Italian law.

Date: _____ Signature: _____