

## 2023-2024 Medical Form

To ensure your child's safety, please note that he/she will not be fully registered or accepted into classes until this form has been completed and signed by a qualified medical practitioner (in French or in English) and returned to the school. **This form must be completed and re-submitted each year.** Please submit by email to: [admissions@icsparis.fr](mailto:admissions@icsparis.fr) or by post to: ICS Paris, 23 rue de Cronstadt, 75015 Paris, France.

Student's last name: ..... First name: .....

Grade:..... Date of birth:.....Nationality: .....

Telephone where parent can be contacted at all times: .....

Other emergency contact (name and French tel no, if possible).....

Does your child have any of the problems listed below?

	YES	NO
1. Allergies or reactions (for example: food, medication, or other)		
2. Asthma or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsions or seizures		
5. Heart troubles		
6. Diabetes		
7. Trouble with passing urine or bowel movements		
8. Menstrual problems		
9. Other		

Please explain in further detail any problem areas identified above:

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Vaccine	Date of last vaccination	Booster (mandatory for DTP)
<b>DTP</b> Diphtheria, Tetanus, Polio (obligatory)		
<b>MMR</b> Measles, Mumps, Rubella (not obligatory but highly recommended)		

Illnesses or surgical procedures in the past 12 months: .....

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Weight: ..... Height:.....m. Eyesight: (right)..... (left).....

Fitness for sport: .....Exemptions (if any): .....

Additional information: .....

**Date, DOCTOR'S SIGNATURE and STAMP:**