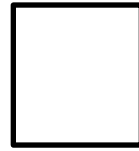




STUDENT'S HEALTH INFORMATION



Name of student..... Grade

Date of birth..... Blood type.....

Medical coverage.....
Number.....

In case of emergency call:

Table with 4 columns: #, Name, Telephone, Relationship. Rows 1, 2, 3.

Note: If you would like for one of these people listed above to pick up your child, it will be necessary for you to advise us beforehand and that person would need to present their personal identification.

Does your child suffer or is prone to any of these symptoms? Place a check mark next to those that apply to your child.

If the answer to any of these is YES, please give us more information.

- ASMA YES / NO
ALERGIES YES / NO
HEADACHES YES / NO
CONVULSIONS YES / NO
FAINTING / HIGH BLOOD PRESSURE YES / NO
DIABETES YES / NO
MENSTRUAL CRAMPS YES / NO
SPINAL CURVATURE YES / NO
HEART PROBLEMS YES / NO

Are you under prolonged medical treatment? YES / NO (If so, please explain:)

Please list any serious illnesses, accidents, conditions, disabilities, operations, nutritional problems and/or requirements, psychological or emotional experiences or problems that this child has experienced.....

Your child will need a complete medical physical in order to participate in physical activities. Please present the corresponding medical certificate that will be valid for this calendar year.

NOTE: We will immediately call parents and emergency medical services should a medical emergency occur.

Educational institutions ARE NOT AUTHORIZED TO GIVE OUT MEDICINE. If your child is receiving medical treatment, you should present a doctor's note with specific instructions from the doctor and inform school personnel.

Please enclose a copy of your child's vaccination record.

Parent's signatures..... Date.....