

## Medical and Emergency Information

Student Name: .....

Grade: .....

Date : .....

Please choose a responsible adult who can be reached immediately during the school day in the event that you, the parent, cannot be reached in an emergency. The emergency contact person may be a relative, friend or other designated person that you trust to assist your child and cooperate with the school until such time as you can be reached.

Emergency contact number(s) - you may designate more than one:

Name:	Name:
Relationship:	Relationship:
Telephone :	Telephone :

**Please complete the following questionnaire and return it to the BIS school nurses**

1. Does your child have any of the following medical conditions?

➤ Bronchial /Allergic/Seasonal Asthma		➤ Diabetes 1	
➤ Eczema		➤ Diabetes 2	
➤ Food allergy		➤ Epilepsy	
➤ Heart disease/Congenital heart disease		➤ Anemia	
➤ Bone /Joint disease		➤ Blood disease	
➤ Frequent nose bleeding		➤ Febrile convulsions	
➤ Wear eyeglasses or contact lenses			
➤ If your son/daughter have any other medical case (Please specify)			



2. Does your child receive medical treatment for any chronic disease? If yes, please specify.  
(Attached to a doctor report).

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3. Is your child allergic to anything? If yes, please specify the allergy, the reaction and the medication recommended.

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4. Do you have any special instructions/medication that should be followed while your child is at school? If yes ,please explain and submit a full prescription .

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5. Are there any restrictions on your child's activities or participation in physical education or sport?

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- In the event of medical emergency, I understand that the school would make every effort to contact my spouse or me. However, if the school is unable to contact either of us, I authorize the school to administer the appropriate medical intervention for my child. I understand that any medical treatment administered at BIS will be limited to first aid, and that any additional treatment required in an emergency will be administered by a competent medical professional.

- Should he/she receive regular medication at school? If yes, please explain and submit a full prescription.

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- I understand that BIS school nurse may administrate non-prescription medication as recommended by the Ministry of Health.

Parent's Name :-----

Parent's signature:-----

School nurses