

STUDENT HEALTH FORM

IMPORTANT: Submit this completed form with your Application for Admission Form to the Admissions Office as soon as possible.

Family Name: _____	Student's Name: _____
Date of Birth: _____	Please attach recent photo: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address: _____	

Tel No: _____	
Mother's Name: _____	Father's Name: _____
Work Tel No: _____	Work Tel No: _____
Mobile Tel No: _____	Mobile Tel No: _____

MEDICAL HISTORY: Please answer all questions.

Does your child suffer from any chronic medical conditions such as asthma, diabetes, epilepsy etc.? Please give details, including current treatment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from allergies? Please circle those which apply: Food Medication Insects Plants Other: Please give details, including current treatment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child take any regular medication? Please give details of all medications taken.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any special medical problems or concerns of which the staff should be aware of? Please specify: or contact the School Nurse if you wish to discuss anything further.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a history of ear infections? Please give details e.g. operations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child wear glasses? Should they be worn at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of your child's vaccination record must be attached to this form.	For School Nurse Use Only: Yes <input type="checkbox"/> No <input type="checkbox"/>

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 Kindergarten 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

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

Parent / Guardian Signature: _____

Date: _____

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: _____

Parent / Guardian Signature: _____

Date: _____

C. I give permission to the School Nurse to administer over-the-counter medication such as Paracetamol, Voltaren gel/ointment and lozenges to my child, if required: Yes No

Parent / Guardian Signature: _____

Date: _____