DISCOVER. EMBRACE. INSPIRE.

CRESTVIEW INTERNATIONAL SCHOOL

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AD-F04 · CONFIDENTIAL

STUDENT HEALTH RECORD AND MEDICAL CONSENT

Blank form · please print clearly in capital letters or type

STUDENT AND MEDICAL CONTACTS

Blood type _____ Weight (kg) _____

Height (cm) _____ Family doctor _____

Preferred hospital _____ Doctor / hospital phone _____

Private health insurance (company / policy no.) _____

MEDICAL CONDITIONS

Does your child have any of the following?

Details _____

ALLERGIES

Allergy information is printed on the student ID card and shared with teachers in ALMA. Children with severe allergies meet the School Clinic before starting.

Does your child have any allergies? _____

	What exactly	Reaction	Severe?	EpiPen?
Food				
Medicine				

MEDICINE, DIET AND PHYSICAL ACTIVITY

Does your child take regular medicine? _____

Name, dose and time _____

Dietary requirements

Other dietary needs _____

Any surgery, hospital stay or major injury? _____

Details _____

Can your child take part in all physical education? _____

Activities to avoid _____

Immunization record _____

Will submit by (date) _____

Immunization record (copy) ☐ **Attached**

HOW THE SCHOOL RESPONDS TO ILLNESS AND INJURY

☐ I give permission for the school to give first aid and arrange emergency medical treatment for my child, and understand I will be told immediately. The information above is correct and I will tell the school of any changes.

Parent / guardian: type your full name to sign _____

Parent or guardian

Date: _____

Received by (Registrar)

Date: _____