Akhepran International Academy

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MEDICAL FORM

FAILURE TO COMPLETE ALL SECTIONS MAY DELAY YOUR CHILD'S ENTRY INTO SCHOOL.

STUDENT NAME: ______________________ AGE: __________ SEX: (F)___ (M)______

D.O.B: _ MM______/ DD_______/YYYY ______ NATIONALITY: ____________________

PARENT/GUARDIAN NAME: __________________ NATIONAL INSURANCE # :________

POSTAL ADDRESS: ____________ ST. ADDRESS: ____________________________

TELEPHONE # ____________ HM. ___________ WK. ___________ CELL ____________

Medication Permission

I hereby give permission for the above child to be given temporary medication by the school's nurse, including Calpol, Tylenol, Motrin, cough medications and antacids.

Parent/Guardian's Name ______________________ ____________________

Please Print Signature

Date:____________________

Accident/Illness Treatment Permission

I understand that, whilst every effort will be made to contact parents or guardians in the event of an accident or illness at school, sometimes emergency measures have to be taken immediately. I hereby give permission for emergency measures to be initiated in the case of accident or sudden illness of this child. In the case that hospitalization is necessary I wish my child to be taken to (circle one please):

Doctors Hospital **Princess Margaret Hospital**

MEDICAL INSURANCE COVERAGE INFORMATION:

Insurance Company Name:____________ Policy #: __________ Cardholder:__________

Parent/Guardian's Signature_________________________ **Date:**_______________

I hereby certify that all information given on this form is correct, accurate and complete.

Date:____________ **Signature**________________ **Relationship to child**_____________

Please circle if your child has/had any of the following?

Allergies Drug or Food	Rheumatic fever	Skin Problems	Ear Infections
Asthma	Congenital abnormalities	Convulsions/Epilepsy	Heart Problems
Frequent headaches	Fainting	Hearing difficulties	Orthopedic Problems
High/low blood pressure	Kidney/Urine Infections	Menstrual Problems	Tuberculosis
Vision Problems Visual impairment	Attention Deficit Hyperactivity Disorder(ADHD)	Developmental/learning problems	Speech impairment
Diabetes	Seizure Disorder	Chicken Pox	

Please comment on any circled items or any other conditions:

____

____

____

____

Does this child wear spectacles (glasses) or contact lenses?____
Is this child under special medical care?_____
Does this child routinely take medicine?_____
Does this child have any problems which adversely affect his/her ability to study?_______
Is there any medical reason this child cannot participate in physical education or sports?____
Does this child have any known allergies to medication?_____
Is this child in good health generally speaking?_____

If you have answered "YES" to any of the above questions, please give brief details below.

____

____

Is he/she presently on medication? Yes / No
If so please give detail: ____

____

IMMUNIZATION RECORD (please fill in appropriate dates)

DPT ________ ________ ________ ________ ________

POLIO ________ ________ ________ ________ ________

HIB ________ ________ ________ ________ ________

HEP B: ________ ________ ________ ________ ________

MANTOUX (TB SKIN TEST)________ ________ ________ ________

TETANUS________ ________ ________ ________ ________

WHOOPING COUGH ________ ________ ________ ________

1ST MMR ________ 2ND MMR ________

PHYSICAL EXAMINATION

I have today examined the above child and would report as follows:

HT./LT.________ WT. ________ **T.**________ **P.**________ **R.**________

Scalp/Hair:________ Skin: ________ Nutritional Status: ________

ENT: ________ EYES: ________ NECK: ________

CHEST:________ ABDOMEN: ________ GENITAL:________

REFLEXES: ________ DEFORMITIES: ________ VISIBLE SCARS: ________

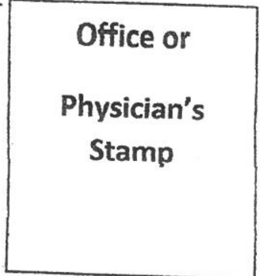
Do you consider this child to be physically capable of performing normal activities?

____

Do you consider this child to be mentally capable of normal learning experiences?

____

Print Physician's Name: ________________________
Signature of physician: ________________ Date: ________
Telephone: ________________



Please return this form, completed, before your child starts school. Thank you.