

Health Form Brent International School Manila

Please print neatly.

Attach
recent passport-size
photograph here

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Student's Name: _____
Last First Middle

Preferred name: _____ Gender: _____
Male / Female

Home phone: _____ Cell phone: _____

Home Address: _____

Date of Birth: _____ Nationality: _____
Month Day Year

Father's Name: _____ Religion: _____
Optional

Mother's Name: _____ Resides with: _____

Alternate person(s) to contact in case of emergency:

Names	Relationship to Student	Phone numbers
_____	_____	_____
_____	_____	_____

HEALTH HISTORY

Does your child have any allergies (to medication, food, etc...) that you are aware of?

Yes No Please specify known allergies: _____

Does your child have any illness or condition that the school should be aware of?

Yes No If so, please state: _____

Does your child receive any medication or medical treatment, either regularly or occasionally?

Yes No If so, please indicate: _____

Has your child ever been hospitalized for any reason?

Yes No If so, for what reason? _____

If you know your child's blood type, please indicate:

_____ Rh group _____
(A, B, AB, O) + or -

ADDITIONAL INFORMATION

Do you have a family doctor?

Yes No Doctor's Name: _____ Phone: _____

Hospital Name & Address _____

If your doctor makes any recommendations or restrictions during the school year regarding your child's health, please submit the recommendation or certificate to the school as soon as possible. Otherwise your child will be considered "PHYSICALLY FIT" and able to participate in Physical Education (P.E.) activities required by the curriculum and in other activities that may be part of the school program.

AUTHORIZATION

I give consent for my child to receive the following:

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Minor first aid by nurse at the school clinic (medication and treatment) | <input type="radio"/> | <input type="radio"/> |
| 2. Transportation to a hospital of the school's choosing, in severe cases or an emergency | <input type="radio"/> | <input type="radio"/> |

NOTE: If you checked "**NO**" to numbers 1 or 2 please provide the clinic with alternate care instructions.

"In the event that my child requires emergency medical care and I, or the alternate contacts, cannot be reached, I give permission to Brent International School Manila authorities to act on my behalf. I also authorize them to sign any necessary release forms required by the hospital."

Name of Parent

Signature

Date