

INTERNATIONAL SCHOOL OF KNOWLEDGE & LEADERSHIP

HEALTH FORM

Must be read and completed by Parent/Guardian

Full Name of student : _____

Class/Section: _____ Age: _____ Date: _____

Does your child has any of the following?

Condition	Yes	No
Asthma		
Seizures		
Epilepsy		
Type 1 Diabetes		
Hearing Impairment		
Physical Disability		
Allergies / on Medication		

If has any allergy / on medication, give details: _____

I hereby grant permission to the school to give my child (Tick the ones you are giving permission for):

- Motilium
- Motilium Syrup
- Calpol
- Paracetamol
- Panadol Syrup
- Panadol (Plain)

- Panadol (Extra)
- Brufen
- T-Day

For the Following Reason/s:

- Fever above 101
- Vomiting
- Body aches
- Other: _____

CONSENT FOR ADMINISTRATION OF FIRST AID /MEDICATION AT SCHOOL

As a Parent/Guardian, I hereby give consent to the school to provide first aid to my child for minor cuts and bruises.

I also understand that school can assume no liability for injury or death to a student in the event the parent/s elect to have a school official administer medication to the student.

Name of Parent/Guardian: _____

Signature: _____

DETAILS OF EMERGENCY CONTACT

Emergency contact person (Name): _____

Relationship with child: _____

Phone # : _____

Name of Parent /Guardian: _____ Phone #: _____

Address: _____

Signature: _____