

# Health Form

# Brent International School Manila

This form is used by the Clinic in conjunction with the Updated Medical Form given on the first day of classes. Please complete neatly and accurately.

Attach a recent passport size photograph here

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Student's Name: \_\_\_\_\_  
*Last First Middle*

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Home phone: \_\_\_\_\_ Lives with: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
*Month Day Year*

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

## Health History

Does your child have an illness or condition (heart condition, seizures, etc...)?

Yes  No  If yes, explain: \_\_\_\_\_

Does your child have a suspected or diagnosed special need (ADD, autism, speech delay, etc)?

Yes  No  If yes, explain: \_\_\_\_\_

Does your child have any allergies (to medication, food, pets, etc...)?

Yes  No  If yes, explain: \_\_\_\_\_

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

Yes  No  If yes, explain: \_\_\_\_\_

Has your child ever been hospitalized for any reason?

Yes  No  If yes, explain: \_\_\_\_\_

If you know your child's blood type, please indicate: \_\_\_\_\_  
( A, B, AB, O )

Rh group \_\_\_\_\_  
+ or -

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Student's Name: \_\_\_\_\_  
*Last First Middle*

Do you have a family doctor?

Yes  No  Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name & Address \_\_\_\_\_

If your doctor prescribes 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 the 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 alternate care instructions by attaching an additional page of information. Thank you.

"I understand that every effort will be made to notify parents in the case of an emergency. 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.

I give permission for my child to receive diagnostic procedures, emergency surgeries, and blood transfusions required by the attending physician."

\_\_\_\_\_  
Print, Name of Parent

\_\_\_\_\_  
Signature, Name of Parent

\_\_\_\_\_  
Date

If you disagree with the above statement and prefer not to sign, please provide an explanation and alternate care instructions by attaching an additional page of information. Thank you.