



## NEXA INTERNATIONAL SCHOOL MEDICAL FORM

Nexa International School provides a First Aid service during school hours and at school functions for all students on the campus.

It is essential, therefore, that the school has up-to-date information about your child's health and medical requirements. Please complete and return this form as soon as possible and inform the school in writing of any changes in circumstances.

### STUDENTS DETAILS

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Female/Male: \_\_\_\_\_

Siblings in the school: \_\_\_\_\_  
\_\_\_\_\_

Blood group (if known): \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian contact numbers: In case of emergency: \_\_\_\_\_

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

Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Tel: \_\_\_\_\_

Please attach your child's immunization record card

Please list any other immunizations your child has received:  
\_\_\_\_\_  
\_\_\_\_\_

Please (X ) any of the following from which your child suffers

- Eczema
- Asthma
- Hay Fever
- Sinusitis
- Migrane
- Epilepsy



Please list below hospitalisation and operations that your child has undergone that you consider have any bearing on their current health or well being:-

**Allergies:**

Please give details of all allergies (e.g. to food, medicines, antibiotics, nut allergy, bee stings, etc).

(The school may request a medical report from a school recommended doctor to help the catering department offer the right accommodations.)

**Medicines administered at Nexa School:**

Please ( ) to indicate that you permit for any of the following to be administered to your child at school, by the school nurse.

- Calpol
- Piriton
- Panadol
- Vicks
- Betadin
- Actal
- Bronchium
- Buscopan
- Ventolin

Please give details of any hearing or sight difficulties that your child may have.

Please give details of any other information concerning your child’s past or present medical and/or dietary history, about which it would be useful for the school nurse to be aware.

Please give details of any routine medication prescribed to your child (medicine and the condition for which it is prescribed). Attach a copy of the doctors prescription.

Is your child currently receiving, or have they received in the past, counselling from a psychiatrist, clinical psychologist or a counsellor? **YES / NO**

If yes, please ensure you discuss this with a senior staff at Nexa International School.

If you cannot be contacted in case of emergencies, do we have your consent to call ambulance services to transport\* your child to KUTRRH or AAR Hospital? **YES / NO**

I hereby certify that this child is physically fit to participate in all school sports and activities on and off campus. [In case of a negative answer, please specify the reason(s) & attach medical records.]

Signature of Parent/ Legal guardian: \_\_\_\_\_

Name : \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ADVISE THE SCHOOL IN WRITING OF ANY CHANGES TO THIS INFORMATION.**

