

STUDENT MEDICAL HISTORY/EMERGENCY INFORMATION

International Community School

27A Jubilee Road, SINGAPORE 128575

Tel: (65) 6776-7435 Fax: (65) 6776-7436

Please fill out this form using BLOCK LETTERS and return to the school office within one week.

Emergency Contact Information:

Child's Name: _____ Grade _____

Birth Date (ex. 14 Feb. 92) _____

Passport Country: _____ Number: _____ Expiration Date: _____

Father's Name: _____

Passport Country: _____ Number: _____ Expiration Date: _____

Home Phone Number: _____

Work Phone Number: _____

Handphone: _____

Fax: _____

Mother's Name: _____

Passport Country: _____ Number: _____ Expiration Date: _____

Home Phone Number: _____

Work Phone Number: _____

Handphone: _____

Fax: _____

Emergency Friend: _____

Phone Number: _____

Health History/Concerns:

Please check the following if appropriate and give specific information:

Is child receiving continuing medical care? _____

Is child taking any medication regularly? _____

Is child using any medical device? _____

Is child allergic to any medication? _____

Is child allergic to any food? _____

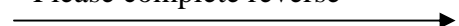
Is child allergic to anything else? _____

Is your child wearing eyeglasses? _____

Please state your preferred hospital: _____

Please state your preferred physician: _____ Phone: _____

Please complete reverse



List any serious illnesses, accidents, operations, and nutritional, dental, mental, emotional or handicapping conditions. Also list any important medical information that would be helpful for us to know.

Prescribed Medicine (for regularly taken medication):

My child is to take _____ (medication) at _____ (times of day) until further notification. Date to begin: _____
Any non-regularly taken medication should be sent to the school office (secondary) or the classroom teacher (elementary) with instructions for administration.

Parental Permission:

I give permission for my child, to be given Paracetamol (Panadol) for minor aches and pains by ICS staff. **Yes / No**

LIABILITY RELEASE FORM

I, parent/guardian of _____, in consideration of
(Please print student's full name)
his/her acceptance as a student at the International Community School, Singapore, and of his/her instruction while at said school or on school related field trips, expressly assume all risks of accident and of personal injury to him/her, and loss or damage to any of his/her property regardless of the cause of the same; and completely release and hold blameless International Community School, Singapore, and the Network of International Christian Schools, and any agents and/or employees, from any and all liability.

If an emergency occurs where time is an important factor and a family member cannot be reached, I authorize the school to arrange for emergency medical treatment. The supervisor of the emergency room at National University Hospital (5 Lower Kent Ridge Road phone:6772-2555 has stated that they will service our needs.

Date: _____, 20_____

Name (in BLOCK LETTERS): _____ (Parent or Guardian)

Signature: _____