

CHME Society's
BHONSALA MILITARY SCHOOL GIRLS
STUDENT HEALTH RECORD

This form must be completed and given to the respective before the student enters school. This enables us to adequately care for your child during the school day.

An updated Health Record must be submitted to the School during enrollment. The family is required to communicate to the School any changes to the child's health or medical records.

STUDENT INFORMATION

Student: _____ Grade: _____
(Last name) (First name) (Middle name)

Date of Birth: _____ Gender: Male Female Nationality: _____
Day/Month/Year

Mother Name/Guardian: _____ Father Name/Guardian: _____

Contact Details :

Home Address: _____ Mother's Mobile: _____

_____ Father's Mobile: _____

_____ Emergency Contact Name: _____

_____ Relationship to the Student: _____

Home Telephone: _____ Emergency Contact Telephone: _____

MEDICAL HISTORY

1. Allergies. List your child's allergies. Include foods, drugs, plants, animals. None
Cause _____ Reaction _____ Treatment _____

Cause _____ Reaction _____ Treatment _____

2. Medication. Does your child take medication at home on a daily basis? No Yes

Medication _____ Used to treat _____ Dose/Time _____

Medication _____ Used to treat _____ Dose/Time _____

Before daily medication can be administered by the Nurse, a doctor's prescription must be submitted.

3. Any dietary requirements? No Yes
If yes please state requirements: _____

4. Is your child receiving current or ongoing treatment for any medical, surgical or psychological condition? No Yes
Please explain and attach physician's statement

5. Is there any reason why your child cannot participate in Physical Activities? No Yes
Please explain and attach physician's statement

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6. Visual Difficulties No Yes Contact Lenses Glasses

7. Dental Treatment /Problems : No Yes

Please give details

8. Any previous difficulties with Hearing, Speech or Language Development? No Yes

Please give details

9. Please indicate if your child has / had the following conditions:

Seizures	Headache
TB	HB
Eczema	Frequent Nosebleeds
Asthma	Orthopedic
Emotional Trauma	Other
Anemia	Ear Problem
Skin Problem	Throat Problem

10. Other medical/health information you may wish to bring to our notice that may help us understand your child's health needs:

11. Immunization. Please provide month and year of immunizations received. Please attach a copy of the original record if any.

VACCINATION	
Tetanus	
Hepatitis B	
Haemophilus Influenza type B	
Meningitis B	
Meningitis C	
Mumps	
Chicken pox	

12. Medical Permission :

I hereby give permission for my child to be given temporary medication by the school Doctor & Nurse.

Date: _____ Signature: _____

13. Accident Treatment Permission :

I understand all efforts will be made to contact parents' first, emergency contact second and if neither are available I hereby give permission for emergency measures to be initiated in case of accident or sudden illness. I certify that all information given is correct and complete.

Date: _____ Signature: _____

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Failure to declare accurate and full medical information may result in annulment of the school's acceptance offer or require withdrawal from Bhonsala Military School Girls. Parents are responsible for working closely with the school's Nurse to address a child's allergy, or any individual medical needs.

As a responsible parent I authorize / I do not authorize the school Doctor & Nurse to divulge to the appropriate faculty/staff.

member any details pertaining to my child when the Nurse in her professional capacity is of the opinion that it would be to the benefit of the child within the framework of the applicable Italian law.

Date: _____ Signature: _____

OFFICE USE ONLY

GENERAL :

Height : _____

Weight : _____

Nails : _____

Hair : _____

Skin : _____

Menstrual History : _____

Blood Pressure : _____

**Signature
(School's Doctor)**

Date :

