



## International School of Cambridge Student Medical Information Form

### Part A--Student Information

Last Name	First Name	Middle	Health Card #

Date of Birth	Male	Female	Student's Physician	Physician's Phone #

### Part B—Medical History

Does your child have any physical medical conditions that we should be aware of?

Please indicate whether your child has any allergies (including insect bites, medication, food, animals, plants, dusts, etc.)

Briefly explain your child's reaction to any of these allergies.

What counter-measures need to be taken if a reaction occurs?

Is your child on a restrictive diet? If so, which one?

Does your child have asthma? If yes, is it severe?

Is your child receiving any medication on a continuous basis?

If so, please list names and reasons for medication

My child has been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (i.e. Attention Deficit Disorder (ADD), Asperger syndrome, dyslexia)? If so, please indicate what and how it is treated)

--

**Please provide the school with a copy of an updated immunization record.**

**Part C--Agreement**

If a student becomes ill while at school, parents must pick the child up or arrange for transportation. In the event there is an emergency involving my child and the school is unable to contact me or the emergency contact persons whom I have advised you in writing, I hereby grant International School of Cambridge or any member of its staff the permission to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member, as you deem appropriate at the time. I understand and agree that any expenses incurred under the above circumstances, will be the responsibility of the child's family.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_