



KOREAN INTERNATIONAL SCHOOL

Medical Information Update (2016/2017)

Dear Parents,

Please fully complete the compulsory medical form and return it to school as soon as possible.

Kindly be reminded to enter your child's FULL name as well as the form group or class e.g. 10CD.

The Emergency Contact phone number MUST be provided and should be relatives or friends other than parents.

The information you provide will assist the school in the provision of more efficient and effective medical care for your child. The school will ensure such information will be strictly for school use only and not be divulged to other parties without the consent of the parents concerned.

| MEDICAL INFORMATION AND CONTACT DETAILS | |
|---|-----------------------------|
| Your Child's Full Name: | |
| Year: | Form Group or Class: |
| Date of Birth : | Gender*: Male / Female |
| Name of Parent/Guardian: | Relationship: |
| Contact Tel. No.: | |

| MEDICAL HISTORY |
|--|
| Please indicate any medical condition that you feel the school should be aware of: (e.g. G6PD deficiency; bronchial asthma; epilepsy; fits due to fever; kidney diseases; heart disease; diabetes mellitus; hearing defect; haemophilia; anaemia; other blood diseases; allergy to drugs, vaccine or food; tuberculosis; major operation, etc.) |
| |
| (Please use the reverse of the form if more space is needed) |

| MEDICATIONS |
|--|
| Please give details of any medication your child requires on a regular basis |
| |
| <i>Any medicine which needs to be given to your child should be sent to the nurse with proper instructions. School will only give doctor-prescribed medications to your child. All medicines in school must be issued under the care and supervision of the school nurse.</i> |
| Panadol |
| Simple Analgesics - Panadol will be administered if needed. |
| I agree * / I disagree * (*please delete if inappropriate) |

EMERGENCY CONTACTS

Parents will be contacted first but, if they are unavailable, please give an alternative contact name and address. This person should be able to act/ make decisions on your behalf. This is an important responsibility and anyone listed below should be fully aware of his/her role.

Name: _____ (Dr/Mr./Mrs./Ms. *)

Relationship: _____ Daytime Tel.: _____ Mobile No.: _____

Please inform the school immediately if there are any changes to the above information



KOREAN INTERNATIONAL SCHOOL

Medical Information Update

SICKNESS DURING THE SCHOOL DAY

If your child becomes ill during the day and the nurse feels that he/she needs to go home, we will contact you as quick as possible.

Contagious Disease: If your child has signs/symptoms of contagious diseases, e.g. red eyes, diarrhoea, heavy cold, rashes, etc., they are not recommended to go to school. Please consult your doctor for proper treatment and provide the school with a medical certificate stating the diagnosis and recommended sick leave duration.

P.E.

If the student is considered not suitable for participation in P.E. lessons or any other type of school activity, please specify and submit a medical certificate for school's reference.

Students suffering from cardiovascular disease, respiratory disease, epilepsy, anaemia and diabetes mellitus should obtain a medical certificate issued by physician stating the appropriate level of physical activity.

HOSPITAL REFERENCE

Should your child have a serious accident in school which requires urgent attention he/she will be taken to the nearest Government Hospital.

TEMPORARY GUARDIANSHIP

In the event of your temporary absence from Hong Kong, please appoint a legal guardian for this period and inform the school accordingly.

Any other remarks:

Parent's Name: _____ Parent's Signature: _____

Date: _____

Please inform the school immediately if there are any changes to the above information