AMERICAN ACADEMY FOR GIRLS

F029

Salwa, Block 5, Street 1 Tel.: 25639612 – 25639647/8

STUDENT HEALTH INFORMATION

Date: ……..

Latest Photo ID size

Grade: ……

Student's Name: …… …… ……

First Name Father's Name Grandfather's Name

Civil I.D. Number: …….. Age: …… Nationality: ……

Please fill up the following information so that we may update your child's health file. This information will be kept strictly confidential.

STUDENT'S BLOOD GROUP: ……

1. Contact Persons Information

Name of guardian: …… Relation: ……..
Mobile: …….. Email: ……..
Home Address: …….. Home phone: ……...
Mother's Name: …….. Mobile: ……...
Work Phone: …… Occupation: ……
Work Place: ……
Father's Name: …….. Mobile: ……...
Work Phone: …… Occupation: ……
Work Place: ……

Emergency contact person:
1) …… Relation: …… Telephones: ……
2) …… Relation: …… Telephones: ……

Siblings at AAG:
1. …… Grade: ……..……
2. …… Grade: ……..……
3. …… Grade: ……..……

2. Does your child have any of the following illnesses? Check the box.

Asthma ☐ Anemia ☐ Diabetes ☐ Liver Disease ☐ G6PD ☐ Heart Murmur ☐
Epilepsy ☐ Chest disease ☐ Hernia ☐ Congenital heart disease ☐ Heart Arrhythmias ☐
Bone/Joint disease ☐ Learning disorders ☐ Speech disorders ☐ Frequent nose bleeding ☐
Hearing disorders ☐ Sinusitis ☐ Allergic Rhinitis ☐ Frequent tonsillitis ☐ Frequent ear ache ☐
Otitis Media ☐ Eczema ☐ Oral disorder ☐ Eye disorder ☐ Migraine ☐
Other skin diseases ☐ Eye glasses ☐
Allergies: ……...

Medication: ……..

3. Please check if your child has had any of the following:

Chicken Pox: ☐ When? ……. Measles: ☐ When? ……..…… Scarlet fever: ☐ When? ……..
Rheumatic Fever: ☐ When? …… Mumps: ☐ When? …… Rubella: ☐ When? ……
Viral Hepatitis (Type) ☐ ……... Febrile seizures (age) ☐……. Conjunctivities: When? ……

4. Does your child receive any medical treatment for any chronic illnesses? If yes, please submit a medical report and prescription. (Yes) ☐ (No) ☐ ……

5. Major accidents: (Fractured bones, internal organ injury, severe bleeding. etc.) ……...
……..

6. Please list any operations and dates: ……

7. Please list any vaccinations given in the past year and provide us a copy of the recent vaccination certificate:
……

8. Do you have any special health instructions you would like to be followed at school?
……..

FAMILY HISTORY:

Has one of your family members had the following illnesses? Please mention the relationship to the student.

Diabetes: …… Asthma: …….. Tuberculosis: ……..
Allergy: …… Heart Disease: …… Cancer: ……..
Peptic ulcer: …… Epilepsy: ……Hypertension: ……..
Others: ……

I give permission to the nurse to administer the following basic non-prescription medications to my child when necessary:

1. Panadol/Adol	4. Throat Lozenges (Strepsils)	7. Calamine Lotion
2. Antihistamines (anti-allergy)	5. Antispasmodics (for stomach ache)	8. Cough syrup
3. Antibiotic creams	6. Cream for burns	9. Bonjela for tooth ache/oral sore

In case of emergency, I understand that the school will make every effort to contact me/my spouse/contact person. However, if the school is unable to contact us, I authorized the school to administer or to obtain necessary medical treatment or action (e.g. calling the ambulance).

Note: Priority only parents can take the student home in case of sickness. If parents are not available please authorize either of these two (2) persons:

1) Name: …… *Relation:* …… *C.I.*……
2) Name: …… *Relation:* …… *C.I.*……

If you require the nurse to administer any other medication, it must be accompanied by a doctor's order and a signed note from the parent or guardian indicating the reason for giving the medication, name, dosage and delivery times. Any medication required to be given on an on-going basis must be accompanied by a doctor's prescription.

MEDICAL HEALTH RECORDS from Kuwait Ministry of Health (original FITNESS form, BCG CARD (pink) and copy of Birth certificate and vaccination card) should be submitted before classes begin if not given yet to the registrar from the first year of your child in the school.

This is to certify that I fully understood the information written above and filled up the information correctly as being asked.

Print parent's name: …….. **Signature:** ……..

School Nurse's signature: …….. **Date:** ……..