



Crescent International School

Student's Medical History

(Please bring this Completed form attached with the Student Application Form to the school office)

Student's Name: _____ Year Level: _____

A. Indicate any childhood diseases your child has had: (Please tick)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Vision Problem | <input type="checkbox"/> Heart Problem |
| <input type="checkbox"/> Joint/bone Problem | <input type="checkbox"/> Others;_ _____ | |

B. List any allergies your child may have and the treatment for each

- | | |
|---|---|
| <input type="checkbox"/> Food allergies _____ | <input type="checkbox"/> skin allergies _____ |
| <input type="checkbox"/> Medication allergies _____ | <input type="checkbox"/> others: _____ |

Treatment: _____

Permission

In the event that your child needs non –prescription medicine during the school days for fever, headache etc., please sign below to give permission for the school to give this in accordance with manufacture's instruction.

- I do/** **do not** give Crescent International School permission to give non –prescription medicine in my absence.

In the event that your child needs to be send to the hospital for accidents or other emergency, please sign below to give permission to the school.

- I do/** **do not** give Crescent International School permission to send my child to the hospital during emergency in my absence.

Parent/Guardian Signature: _____ Date: _____

Emergency contact No. _____

Note: Attach medical certificate as necessary