HEALTH INFORMATION & EMERGENCY CONTACT

(Please fill up this form in PRINTED LETTERS)

Student's First Name: _____ Family name: _____ Nick name: _____

Age: _____ Date of birth: (dd / mm / yyyy) _____ Year level: _____

Parent's / Guardian's Particulars

	Mother	Father	Guardian
Full name			
Mobile phone number			
Home phone number			
Work phone number			

Names of Siblings Attending at Panyathip International School

1. _____ Year level _____
2. _____ Year level _____
3 _____ Year level _____

HEALTH INFORMATION

Does your child have any allergies (to medication, food, etc) that you are aware of? Give details

_____

Does your child have any illness or condition (hearing, visual, speech problems, etc) that the school should be aware of? Give details

_____

Does your child receive any medication or medical treatment, either regularly or occasionally? Give details

_____

Has your child ever been hospitalized for any reason? Give details

_____

Do you allow the school to give your child a paracetamol based analgesic / antipyretic if necessary? ☐Yes ☐No

If you know your child's blood type, please indicate:_____Rh group _____
(A, B, AB, O) + or –

In case of EMERGENCY the school will take the necessary action to ensure the well being of the child. The School will notify parents/guardian immediately. In the event of failing to contact parents/guardian the child (ren) will be taken to the hospital indicated below.

If no hospital preference is made, then they will go to the PUBLIC HOSPITAL for emergency treatment.
In the event that HOSPITAL CARE is necessary, please refer my child to:

Name of Doctor: _____ Hospital (Preferred): _____

Telephone Number: _____

I will be responsible for the payment of bills for any treatment for my child (ren).

Signature: _____ (Parent / Guardian)

:adb 28Apr16