



## AISJ Student Health Form

Please would you complete this form for each of your children and return it to Matron.

### Personal Data

Student name: \_\_\_\_\_

Date of Birth:  
(dd/mm/yyyy)

Nationality: \_\_\_\_\_

Gender: Male / Female

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's name: \_\_\_\_\_

Phone number:

Father's name: \_\_\_\_\_

Phone number:

Emergency contact if a  
parent is not available: \_\_\_\_\_

Phone number:

### Medical information

Has your child got ANY medical history/conditions that Matron/school should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? This is very important to know.

Food: \_\_\_\_\_

Medicines: \_\_\_\_\_

Insect/bee/wasp stings: \_\_\_\_\_

Other: \_\_\_\_\_

Is your child taking any regular medication? \_\_\_\_\_

If so, what, and does it need to be taken at school? \_\_\_\_\_

Has your child received routine vaccinations? \_\_\_\_\_

Does your child wear glasses/contact lenses? \_\_\_\_\_

**Medical permission**

I hereby give permission for my child to be given temporary medication by the school matron, if needed. Things like Paracetamol, Ibuprofen, throat lozenges, Fenistil gel for bites, antiseptic cream

Please circle all you are happy for your child to be given.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Accident treatment/sudden illness permission**

I understand all efforts will be made to contact parents first and emergency contact second. If unavailable, I hereby give permission for emergency measures to be initiated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that all the information given is correct and complete at the time of signing.  
Please update Matron if things change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_