CSIE 2023-2024

STUDENT MEDICAL INFORMATION

***** Please note that a co p y o f yo ur child ' s vaccination records must be submitted***

with this form in English.

Student Name: _____

Date of Birth: ___-___-___ (Month Day Year) **Female** ☐ **Male** ☐

Blood Type: _____ **Medication(s) taken regularly:** _____

_____

Health History

	Yes	No		Yes	No
Abdominal Complaints	☐	☐	Injuries, burns	☐	☐
Allergies	☐	☐	Kidney Disorders	☐	☐
Bronchial Asthma	☐	☐	Malaria	☐	☐
Chickenpox	☐	☐	Measles	☐	☐
ENT (Ear/Nose/Throat)	☐	☐	Menstrual Problems	☐	☐
Epilepsy	☐	☐	Mumps	☐	☐
Eye Problems	☐	☐	Neurological Disease	☐	☐
Food Allergies	☐	☐	Polio	☐	☐
Fever	☐	☐	Rheumatic Fever	☐	☐
Fractures	☐	☐	Rubella	☐	☐
Genital Abnormalities	☐	☐	Scarlet Fever	☐	☐
Headaches	☐	☐	Sickle Cell Anemia	☐	☐
Head Injuries	☐	☐	Skin &/or Scalp Infections	☐	☐
Heart Disease	☐	☐	Tuberculosis	☐	☐
Hepatitis	☐	☐	Urinary Disorders	☐	☐

Please explain: _____

Student Medical Information

1. Please provide any other special health information of which we should be aware: _____

   _____

2. Please indicate any adverse reactions to vaccines: _____
3. Has your son/daughter ever undergone surgery? Yes ☐ No ☐ If yes, please give details and dates:

   _____

   _____

4. Has your son/daughter ever been hospitalized? Yes ☐ No ☐

   If yes, please explain: _____
5. Does your son/daughter wear glasses? Yes ☐ No ☐ Contact lenses? Yes ☐ No ☐
6. Is your son/daughter allergic to any prescribed medicine (i.e. penicillin)? Yes ☐ No ☐

   If yes, please list: _____
7. My son/daughter has a physical disability which would prohibit him/her from participating in our physical education program or on our sports teams. Yes ☐ No ☐

   If yes, please explain: _____

I hereby grant CSIE permission to:

- ☐ **administer non-prescriptive medications to my son/daughter.**
- ☐ **administer first aid to my son/daughter.**
- ☐ **admit my son/daughter to a hospital in case of emergency.**

_____ _____

Parent Name Printed **Parent Signature**

Date

NOTE: A copy of your child's immunization records must accompany this form.