



## HEALTH FORM

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex F – M Blood Type \_\_\_\_\_

Name of the Mother \_\_\_\_\_

Name of the Father \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of a contact in case of emergency or Name of the family physician \_\_\_\_\_

**Medication authorization:**

**My child may receive first aid – anti-inflammatory medication if needed**     YES     NO

**Health Information of the student to be filled by parents. If the student has a relevant medical condition please include the medical certificate issued by physician.**

Medical Condition	YES	NO	Specify
Vision Problems			
Speech difficulties			
Asthma			
Allergies			
Respiratory problems			
Heart Condition			
Digestive problems			
Diabetes			
Epilepsy or seizures			



Frequent Urinary problems			
Menstrual problems			
Muscular disorders			
Behavioral problems			
Others (Please specify)			
Does your child take prescribed medication regularly at home? Specify medical reason:			
Does your child need to take prescribed medication at the school? Specify medical reason:			
Is there any medical reason why your child should not fully participate in our physical education program?			
<b>NOTE:</b> The Interamerican Academy does not supply any medicine to children in Nursery and Pre-Kinder.			

\_\_\_\_\_

Signature of Parent of Legal Guardian

\_\_\_\_\_

Date

"Depending on the medical information given by the parents, the school can ask for additional certificates to clarify/monitor specific medical conditions of a newly-registered student. If this is the case, the school doctor will contact the newly-registered parents and request the appropriate information. Part of the mission of IAA is to have a student population participating in sports and other physical activities, under a safe and monitored academic and medical environment."