



A non-profit Organization, Registration No. 2001/002366/08

The North American International School

Medical History Form

Name of student:

Last/Surname _____ First _____ Middle _____

Number to call FIRST in case of emergency _____

Emergency Contact other than parents:

Name _____ Telephone _____

Doctor:

Name _____ Telephone _____

Other Numbers:

	Home	Work	Cell
Mother	_____	_____	_____
Father	_____	_____	_____

Medical History:

Does your child have any long term illnesses? _____

Does your child have any known allergies? _____

If so, what are they and what are the symptoms? _____

Does your child have known vision or hearing problems? _____

If so, what are they? _____

Does your child take regular medication? _____

If so, what medication? _____

During the school day? _____

Medical reason for the medication? _____

What medications may the school give your child? (none, aspirin, Panado, Tylenol, etc.) _____

Please give any pertinent details of your child's medical history which you believe would help the school understand the medical well being of your child.

Add a sheet if needed.

I give the North American International School permission to seek medical assistance for the above child in a **medical emergency** as the school judges best for the child.

Signed _____

Date _____



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The North American International School Immunization Requirements

NAIS needs written proof that the child has had the following test and immunizations. Providing this documentation is part of the final application process and is required for enrollment.

<u>Immunization</u>	<u>Doses Required</u>
Hepatitis B	3
DPT (Diphtheria, Tetanus, Pertussis)	4
Measles, Mumps, Rubella	2

<u>Test Required</u>	
TB Skin Test	1

Please inform us of any other immunizations your child has had (optional).

Signature of parent/guardian

Date