

MEDICAL INFORMATION FORM (2011 -2012)



To enable our school to provide the best possible care to your child when they are injured or unwell, please spend a few minutes to complete the form and return it to our school. This information needs to be updated for extended trips such as school camps that may occur during the school year.

Part I: Personal Information

Student Name			Male / Female
Age	Birth Date	Year/class	School
Address			
Hong Kong ID number			
Passport number			
Nationality*			
Parent/Guardian's Name:		Other emergency contact name:	
Phone (Work)		Relationship to student	
Phone (Mob)		Phone (Mob)	
Phone (Home)		Phone (Work/Home)	

* Passport numbers are required for all students not in possession of a Hong Kong I.D. card. This data is required for the use of emergency helicopters or other related government service providers.

In case of Emergency, the above named parent(s)/guardian(s) will be contacted.

Part II: Medical Information

Please check carefully that the following medical information is up to date and inform of any changes.

Medical Conditions	Yes	No	If Yes give further details
Allergies (skin itching, difficulty breathing,			(see also II.2 - Allergies)
Anaemia			
Asthma (or other breathing problems)			(see also II.3 – Asthma)
Diabetes			
Difficulty in hearing or vision			
Dizziness/Fainting spells			
Epilepsy (convulsions)			
Frequent headaches			
Frequent nosebleeds			
Heart Problems (e.g. abnormal heart beat)			
High or Low Blood Pressure			
Illness when exposed to high temperature			
Kidney Disease or bladder problems			
Psychological condition			
Rare Blood Type			
Rheumatic fever			
Skin condition (e.g. excema)			
Tuberculosis			
Previous hospitalization or surgery			

II.4 Medications

Does your child take any medications?	YES / NO
List the medicines	
If YES, please give additional information	

II.5 Safety in and around water

Is your child a confident swimmer?	YES / NO
Can your child keep afloat in water?	YES / NO
Can your child swim at least 50 metres fully clothed?	YES / NO

II.6 Dietary information

Please outline below any special dietary requirements of your child and how best they should be catered for

Declaration

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that it is my responsibility to inform the school of any previous or new health problems or injuries and I am aware that if I have not, the school cannot be held responsible for the consequences.

I hereby give consent and full authority for the staff or agents of the school to arrange for and consent to any medical treatment or hospitalisation for my child / guardian while s/he is in the care of the school. I further authorise these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes. I have read the communications sent by the school relating to this trip and give consent to my son/daughter's participation.

Name of Parent / Guardian _____

Signature of Parent / Guardian _____

Relationship to student _____

Print name of student _____ in Class _____

Date _____