



Iringa International School

STUDENT'S HEALTH RECORD FORM DAY SCHOOL

Child's name:

Parent/Guardian's name:

Please attach report from Doctor/equivalent..

1. If your child is suffering any chronic condition or health problem, Please state (What, for how long):

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.....

2. Does the school need to know of any medication taken during school hours? Yes/No
3.

-Medication taken -name:.....

-What frequency?.....

.....

4. In case of an attack, what measures should be taken at school?

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5. Does your child suffer from any **life-threatening**/severe allergies? Please state:-

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6. Does your child suffer from any **non-life threatening** allergies? Please state:

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7. Kindly attach photocopy of record of all shots/boosters: Polio/Measles/Whooping cough/Mumps/ T.B/Tetanus/Rabies/Hepatitis A/Hepatitis B/Meningitis etc., and state when (Date) they were administered. (use reverse of this sheet if needed)

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I hereby state that all information supplied in this form is correct and complete.

Parent's signature:.....

Date: