

Student Medical Details

To enable the school to provide optimal care for your children in the event of illness or injury, we would be grateful if you could complete the following details in the form below.

Your Child attending ISH:

Child Surname:	First Name:	Year/Class:
Name of Private Health Insurance Provider:	Policy #	
Name of GP/House Doctor:	Doctor's Tel #	

Medical Histories

Please indicate below any relevant medical information such as ongoing health conditions, food or environmental allergies, required medications etc., of which the school should be aware. Feel free to attach additional pages if there is not enough space below.

Please note: A form for the Administration of Medication is available on request from the school office and must be completed before sending medication into school.

Authority to Administer Medication

PARACETAMOL is no longer given to students without parental/guardian permission.

Do you give your permission in advance for office staff to use their discretion in administering paracetamol to your child when deemed necessary? Please tick box to indicate.

Yes No Please call for permission first

IBUPROFEN is sometimes useful to administer to assist pain, fever, inflammation and menstrual pain.

Do you give your permission in advance for office staff to use their discretion in administering paracetamol to your child when deemed necessary? Please tick box to indicate.

Yes No Please call for permission first Does your child suffer from ASTHMA? Yes No

Please be assured, we will do everything within our power to provide for the needs of your child in relation to illness and injury at school and when we have concerns, we will attempt to call you immediately.

As a parent/guardian for the above named student attending the International School of The Hague, I hereby release the school from any liability which may arise as a result of administering or not administering care or medication to the above named child.

Parent/Guardian Name: PRINT PLEASE

Signature:

Dated:

