BOAZ INTERNATIONAL SCHOOL

OLENGURONE AVENUE, LAVINGTON, NAIROBI, KENYA

TEL: +254 720 814 222 | +254 723 404 352 Email: info@boazinternationalschool.com

MEDICAL FORM

The School Sick Bay provides a First Aid Services during school hours and at school functions for all students. It is essential, therefore, that the school has up-to-date information about your child's health and medical requirements. Please complete and return this form as soon as possible and inform the school nurse in writing of any changes in circumstances.

Name of Child:……..
Date of Birth:…….. Female/Male ……
Brothers/sisters in the school:……
……
Blood group (if known):……
Medical Insurance Card (Type and Number):……
*All students are expected to have full medical insurance prior to admission

Name of parent/guardian:……
Parent/Guardian Contact Numbers: In Case of Emergency
Home:…….. Mobile:……..
Child's doctor:…….. Doctor's tel:……
Doctor's mobile:……

- Please attach your child's immunization record card. *Please list any other immunizations your child has received:
  ……
  ……

  Please tick (√) any of the following from which your child suffers:

  Eczema ☐ Asthma ☐ Sinusitis ☐ Hay Fever ☐ Migraine Epilepsy ☐

- Please list below hospitalizations and operations that your child has undergone that you consider to have any bearing on their current health or well-being:-
  ……
  ……
  ……
- Allergies:
  Please give details of all allergies (e.g. to food, medicines, antibiotics, nut allergy, bee stings, etc.) the catering department will be able to include your child on the allergy list for special dietary_requirements……

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Medicines administered at Boaz Media International School.
Please tick (√) to indicate that you give permission for any of the following to be administered to your child at school by the school nurse.

☐ Calpol	☐ Piriton
☐ Vicks	☐ Panadol
☐ Bronchium	☐ Actal
☐ Ventolin (for asthmatics)	☐ Buscopan
☐ Betadin	☐ All of the above

- Please give details of any hearing or sight difficulties that your child may have.
  ……
  ……
  ……
- Please give details of any other information concerning your child's past or present medical and/or dietary history, about which it would be useful for the school nurse to be aware.
- Please give details of any routine medication prescribed to your child (medicine and the condition for which it is prescribed). Attach a copy of the doctor's prescription
  ……
  ……
  ……
- Is your child currently receiving, or have they received in the past, counseling from a psychiatrist, clinical psychologist or a counselor? **YES/NO**
  If YES, please ensure you discuss this with relevant member of the senior staff at Boaz Media International School.
- If you cannot be contacted in case of emergencies, do we have your consent to call ambulance services to transport your child to hospital? **YES/NO**
  I hereby certify that this child is physically fit to participate in all school sports and activities on and off campus. [In case of a negative answer, please specify the reason(s)].
  ……
  ……
  ……
  ……

Signature of Parent/Legal Guardian:……

Name (Please Print):……

Date:……..

PLEASE ADVISE THE SCHOOL NURSE IN WRITING OF ANY CHANGES TO THIS INFORMATION.