



STUDENT HEALTH / MEDICAL INFORMATION

◆ STUDENT INFORMATION					
Family Name _____		First Names _____			
Date of Birth _____		Nationality (<i>country where student was born</i>) _____			
◆ PARENTS					
Family Name: _____		Home phone: _____ fax: _____			
Mother's Title: Mrs/Miss/Ms/Dr		Cell Phone number _____			
First Names: _____		Emergency Contact number _____			
Father's Title: Mr/Dr		Physical Address _____			
First Names: _____		_____			
E-mail address: _____		_____			
STUDENT MEDICAL HISTORY					
◆ HAS YOUR DAUGHTER SUFFERED FROM ANY OF THE FOLLOWING: (Please indicate all with either 'Yes' or 'No')					
	Yes or No		Yes or No		Yes or No
Glandular Fever		Diabetes		Asthma (<i>state Medication below</i>)	
German Measles		Epilepsy		Bad headaches (<i>e.g. migraines</i>)	
Pneumonia		Hayfever		Dietary problems (<i>Please state below</i>)	
Whooping Cough		English Measles		Operations	
Emotional problems (<i>e.g. depression</i>)		Mumps		Serious injuries	
Allergies (<i>please state below</i>)		Chicken Pox		Regular medications (<i>Please state below</i>)	
If you have answered 'Yes' to any of the above please write details below:					
◆ VACCINATIONS (Attach Vaccination Certificate if available)					
	Date		Date		
Anti-tetanus immunisation		MMR vaccination (measles/mumps/rubella)			
Hepatitis B vaccination		Polio vaccination			
Meningococcal vaccination					
◆ MEDICAL INSURANCE:					
School Based Unicare Medical Insurance: (<i>Yes/No</i>) _____ or					
Your own Medical Insurance: _____ Policy Details _____					
◆ PARENTS / LEGAL GUARDIANS TO COMPLETE:					
I hereby give permission for the school Doctor to carry out any examinations or treatments she may deem necessary while my daughter is a boarder at Craighead Diocesan School for Girls.					
I/We understand that all information provided for on this form is considered strictly confidential and will be stored in a secure place.					
Signed by			Signature		
Signed by			Signature		