MBIS
MAADI BRITISH INTERNATIONAL SCHOOL

Health History Form - Appendix 2

Child's name_____ Date of Birth_____

Person to be contacted if parents unavailable

Name Address Telephone

_____

_____

Please indicate if your child has had any of the following health problems. Give details (date, severity, treatment) in the space provided. Indicate any changes you feel need to be made in your child's school programme because of any of the below.
Circle Yes or No. Please specify in the space provided.

Accidents/Burns	Yes	No
Allergies	Yes	No
Food/environmental	Yes	No
Allergies to medications	Yes	No
Bronchial asthma	Yes	No
Chest/heart disease	Yes	No
Dental problems	Yes	No
Diabetes	Yes	No
Ear problems	Yes	No
Epilepsy	Yes	No
Fractures	Yes	No
Head injury	Yes	No
Neurological disease	Yes	No

Renal (kidney) disease	Yes	No
Surgery	Yes	No
Tuberculosis	Yes	No
Vision defects	Yes	No

Previous communicable diseases (e.g. chicken pos, measles etc.)

Disease	Year	Complications

Please list any conditions which limit your child's participation in school activities.

_____

_____

Any additional information relevant to your child's wellbeing

_____

_____

_____

In case of necessity, do you permit the school nurse to administer non-prescriptive medication to your child (e.g. paracetamol, cough syrup)?

Yes No

Please advise the school as soon as possible of any change of address or telephone number at home or that of your contact person.

N.B. If parents are out of Egypt the school should be advised who is responsible for the children while the parents are absent.

_____ _____

Signed Parent/guardian Date