

Student Medical Record



FIS Frankfurt International School

This form must be completed and on file in the nurse's office **before** the student enters school. This enables us to adequately care for your child during the school day.

Student Name _____
(Last) (First) Nationality

Date of Birth _____ Gender: M F Grade _____
Day/Month/Year

Parent/Guardian _____

Contact Details in GERMANY if available:	Telephone Home (+49) _____
Home Address _____	Telephone Business (+49) _____
_____	Mobile Mother _____
_____	Mobile Father _____
Emergency Contact: _____	Telephone _____

1. Allergies. List your child's allergies. Include foods, drugs, plants, animals. None
- Cause _____ Reaction _____ Treatment _____
- Cause _____ Reaction _____ Treatment _____

2. Medication.
- Does your child take medication at home on a daily basis? No Yes
- Medication _____ Used to treat _____ Dose/Time _____
- Medication _____ Used to treat _____ Dose/Time _____

Before daily medication can be administered by the nurse, a Medication Administration Form available from the nurse's office **MUST** be completed by the parent or guardian.

3. Is your child receiving current or ongoing treatment for any medical, surgical or psychological condition?
- No Yes (Please explain and attach physician's statement)
- _____
- _____

4. Is there any reason why your child cannot participate in Physical Education classes or in intramural/interscholastic sports?
- No Yes (Please explain and attach physician's statement)
- _____
- _____

5. Visual Difficulties No Yes Contact Lenses Glasses

6. Any previous difficulties with Hearing, Speech or Language Development?

No Yes (Please give details)

7. Please indicate if your child has had the following conditions:

Seizures _____ Headache _____

TB _____ Blood Pressure _____

Eczema _____ Frequent Nosebleeds _____

Asthma _____ Orthopedic _____

Emotional Trauma _____ Other _____

8. Other medical/health information you may wish to include that may help us understand your child's health needs:

9. Immunization

Please provide month and year of immunizations received. Please attach a copy of the original record.

10. Medical Permission

I hereby give permission for my child to be given temporary medication by the school nurse.

Medication used in the nurse's office may include, but is not limited to, Paracetamol, Tylenol, Acetaminophen, Calpol, Ibuprofen, and some homeopathic remedies.

Date

Signature

11. Accident Treatment Permission

I understand all efforts will be made to contact parents first, emergency contact second and if neither are available I hereby give permission for emergency measures to be initiated in case of accident or sudden illness.

I certify that all information given is correct and complete.

Date

Signature

Failure to declare accurate and full medical information may result in annulment of the school's acceptance offer or require withdrawal from FIS. Please note that FIS, while sensitive to supporting the unique medical needs of its students, is not a nut (including peanut) free campus. Parents are responsible for working closely with the school's nursing offices to address a child's peanut allergy, or any other allergies or individual medical needs.