

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 ☐ O Grade _____
Day/Month/Year

Parent/Guardian _____

Contact Details in GERMANY if available: Telephone Home (+49) _____

Home Address _____ Telephone Business (+49) _____

_____ Mobile Parent _____

_____ Mobile Parent _____

Emergency Contact: _____ Telephone _____

1. Immunization

Due to German law, measles vaccination is compulsory as of 1 March 2020. Two measles vaccinations must be shown on the immunization record which needs to be uploaded during the application process.

☐ Measles or ☐ MMR

First vaccination: _____ Second vaccination: _____
Day/Month/Year Day/Month/Year

2. Allergies List your child's allergies. Include foods, drugs, plants, animals. ___ None

Cause _____ Reaction _____ Treatment _____

Cause _____ Reaction _____ Treatment _____

3. 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.

4. Is your child receiving current or ongoing treatment for any medical, surgical or psychological condition?

☐ No ☐ Yes (Please explain and attach physician's statement)

5. 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)

6. Visual Difficulties ☐ No ☐ Yes ☐ Contact Lenses ☐ Glasses

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

☐ No ☐ Yes (Please give details)

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

Seizures _____ Headache _____
TB _____ Blood Pressure _____
Eczema _____ Frequent Nosebleeds _____
Asthma _____ Orthopedic _____
Emotional Trauma _____ Other _____

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

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.