



Rhein International Academy

Health Form

STUDENT INFORMATION

Family name Preferred first name Middle name Birthdate (DD-MM-YYYY)

Sex Male Female Blood type

Passport Number Expiration Citizenship

MEDICAL QUESTIONNAIRE

List any serious illnesses, accidents, operations, nutritional, dental, mental or emotional problems or handicapping conditions.

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Is your child receiving continuing medical care?	Yes	No	
Is your child taking any medication regularly?	Yes	No	(If your child requires taking medication at school regularly, fill out the appropriate medical permission forms in the school office.)
Is your child using any medical device?	Yes	No	
Is your child to wear eyeglasses?	Yes	No	
Is your child allergic to any medication?	Yes	No	
Is your child allergic to any food?	Yes	No	
Is there any reason for your child to have restricted physical activity?	Yes	No	

Please provide any additional information as needed.

IMMUNIZATION RECORD

Please provide the school with the dates of your child's immunizations by attaching a copy of your child's immunization record to this form.

PHYSICIAN / INSURANCE INFORMATION

Doctor's full name Telephone

Address

Insurance company Name of insured

Policy number Member number Group Number (if applicable)

MEDICAL AUTHORIZATION

Since children sometimes become ill at school with headaches, colds, hayfever, menstrual cramps, toothaches, etc, our school office has a small supply of non-prescription medicines available to relieve annoying symptoms. If you wish your child to receive these should he or she feel the need, please check the appropriate boxes below.

- I authorize the school to administer non-prescription medicine to my child as appropriate.
- I authorize the school to administer non-prescription medicine to my child as appropriate, but I wish to be contacted each time before the medication is administered.
- If the event a parent or guardian is not available, I authorize the school to arrange for emergency medical treatment.

x Signature of (both) parent(s)/guardian(s) Date