



BISME STUDENT HEALTH FORM

Last reviewed: July 2020

STUDENT HEALTH FORM

Please submit to school nurse/Principal.

This form must be submitted before student's first day at BISM.

Personal Details

Pupil Last name			
Forename(s)			
Year Group		Normal body temperature	°C

Medical History

Condition	Yes/No	Yes (please give details)
Asthma		
Diabetes		
Seizures (Fits)		
Serious Injuries or Accidents		
Eyeglasses or Contacts		
Hearing Difficulty		
Physical limitations that may affect participation in school activities		
Allergies (Drugs, Food, Environmental, etc.)		
Other Health Concerns		
Routine Medication: List and reason for taking (attach paper if needed more space.)		

Immunisation

Please fill dates of which your child had received or attach copies of your records.

	Vaccination Date (dd/mm/yyyy)	Had illness (mm/yyyy)
Diphtheria/Pertussis/Tetanus (DPT) First Series		
Tetanus/ Diphtheria (Td) or (TD) Booster		
Polio/		
Combined Measles, Mumps & Rubella (MMR)		
Measles		
Rubella		
Mumps		
Hepatitis A		
Hepatitis B		
TB Test		Result:
Meningitis C		
Chickenpox		
Other		

Medical Consent

(This will be used only if we cannot contact you directly at the time of injury or illness.)

If I cannot be reached to give my consent to emergency procedures, I hereby give my permission for The British International School, Sierra Leone to seek medical treatment for my child in case of injury or illness, which occurs while participating in school sponsored activities.

(Alternative contact details if parent not available e.g. helper/guardian/family member)

Parent's Signature:

Date:

Name _____ Tel: _____ Relationship: _____

School use only

Checked by School Nurse/Principal

Signature:

Date:.....