

Medical Information Sheet



Student's Name: _____ Date of Birth: _____

Is your daughter/son allergic to any medication? YES NO

If YES, please give brief details indicating whether the allergy is mild or severe.

Is your daughter/son allergic to face paint? YES NO

Is your daughter/son allergic to any food or animal/s? YES NO

If YES, please give details: _____

Is any regular treatment administered to your child at home? YES NO

If YES, please give details: _____

Does your child have a medical or any other condition? If YES, please describe. YES NO

My/Our child may be given paracetamol tablets/syrup. YES NO

I/We understand that the school will advise me/us on the same day if paracetamol is administered by note or phone call.

In the event that we cannot be contacted, emergency treatment as determined necessary by the school's medical personnel may be given. By emergency treatment I/we understand any condition which in the opinion of the school may endanger our child if not treated immediately.

YES NO

In the event that a teacher suspects a case of nits/head lice, I/we authorise the school nurse to check my/our son/daughter's head for nits/head lice. YES NO

For children aged 3-12 who will be attending swimming lesson only:

Which best describes your child's level of swimming ability?

Beginner (uses armbands or noodles) Beginner (no armbands or noodles)
Intermediate Advanced

While the school undertakes to provide reasonable care to your child while he/she is within the school premises/and/or on school outings/activities during normal school hours or for the purpose of attending extra-curricular activities or extra lessons or for any other authorised purpose, the school shall not be held responsible in any manner except in the event of negligent behaviour on its part.

I/We declare that the above information is true and correct and that any changes in information throughout the years, will be brought to the school's attention in writing.

Parent's / Guardian's Signature

Date

We regard your privacy as important and we shall comply with the Maltese Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that San Andrea School will have access to it, and consent to such use.