



Year 2009/2010

Admin use only	
Class	
Database	
Start Date	

THE BRITISH SCHOOL OF PARIS

Medical Form

The School requires full completion of a medical form annually. Please complete and sign both sides of this form and return it to the school nurses. Notification of any changes to this information should be communicated immediately to the school nurses as follows:

- Senior and Junior Schools Croissy – Tel: 06 07 74 25 68 or email nurses@britishschool.fr
- Junior School Bougival – Tel: 06 31 16 93 52 or email jsb@britishschool.fr

Pupil's details

Family Name:	
1 st Given Name	
2 nd Given Name	
Date of Birth	
Gender	

Parent/guardian information

	Father/Guardian	Mother/Guardian
Name:		
Address:		
Relationship to student:		
Telephone n°:		
Mobile n°:		
Work no:		
E-mail:		

In the event of an accident the School will first attempt to contact the parents/guardians. If the School is unable to reach anyone the emergency services will be called and their recommendations followed.

Please give details below of a further contact eg friend, neighbour etc.

Name:			
Address:			
Relationship to student:			
Telephone n°:		Mobile no:	

Details of French doctor:

Name:	Address:	Telephone:
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IMPORTANT : I, the undersigned, agree that in case of an emergency requiring anaesthetic and/or surgery, if the School is unable to contact parents or guardian, the doctor responsible should make any necessary decisions.

Je soussigné donne mon accord, en cas d'urgence nécessitant une anesthésie et/ou une intervention, si l'école n'a pas pu prévenir les parents ou tuteur, au docteur de prendre les décisions nécessaires.

Signature of Parent/Guardian : _____

Date: _____

(please do not forget to complete and sign overleaf)

MEDICAL INFORMATION

Please fill in the boxes below, giving as much detail as you can and attach any relevant medical records.

Medical details

	Yes	No	Please give details below
Does your child have any current health problems (e.g. asthma, diabetes, epilepsy...)?			
Does your child regularly take a prescription drug?			
Does your child have any known allergies?			
Does your child have any past medical history of illnesses or admissions to hospital that the school and staff should be aware of?			
If any of the following apply please give details:			
- Hearing problems			
- Vision problems			
- Physical disability			
- Diet – special requirements eg allergies, vegetarian etc.			
Please indicate here any additional information the school should know about.			

Please give details of immunisations:

Immunisation	Date of Most Recent Vaccinations
Diphtheria	
Tetanus	
Polio	
Whooping cough	
MMR (Measles, Mumps, Rubella) – 2 doses required	
BCG	
Others (specify eg. Hepatitis B):	

Please note: Daily treatment can only be administered by the school nurse if you provide the medicine accompanied by a doctor's prescription.

I authorise the school nurse to give my child over the counter medication if needed eg. paracetamol. (please tick appropriate box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I certify that the information given on this form is correct at the time of completion.

Signature of Parent/Guardian: _____ Date: _____