Medical Form

Franconian International School

Student

Name:	Date of Birth (DD/MM/YYYY):

Medical History

Is your child currently handicapped or under medical / psychological care? ☐ Yes ☐ No If yes, please provide additional information / documentation.
Is your child currently or periodically taking medication? ☐ Yes ☐ No If yes, please provide additional information / documentation.
Is there any reason for your child to have restricted physical activity? ☐ Yes ☐ No If yes, please provide additional information / documentation.
Does your child suffer from any allergies? ☐Yes ☐ No If yes, please provide additional information / documentation.
Does your child have any other medical conditions (e.g. Asthma, hearing/vision/speech difficulties, diabetes, epilepsy, operations, heart problems etc.)? ☐ Yes ☐ No If yes, please provide additional information/documentation.

Is there any additional medical information that the school should be aware of?

I herewith give the Franconian International School permission to arrange medical treatment for my child in case of any medical emergency; e.g. calling an ambulance/emergency doctor. I herewith give the Franconian International School permission to share important medical information (e.g. allergies) regarding my child with the relevant staff and medical personnel to ensure the safety of my child.

Permission to Receive Non-Prescription Medication

☐ I authorize the school to administer non-prescription medication as appropriate to my child for the relief of headaches, toothaches, menstrual cramps, etc.

☐ I DO NOT authorize the school to administer non-prescription medication as appropriate to my child for the relief of headaches, toothaches, menstrual cramps, etc.

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Date Signature of Guardian