BRITESPARKS
INTERNATIONAL SCHOOL

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HEALTH FORM

This form will be endorsed to the school nurse and will be used as a reference during the Annual Physical Exam.

BASIC INFORMATION

Student's Name:

_____
Last Name *Given Names*

_____
Middle Name *Nickname*

Date of Birth: _____ Age: (Years and Months)_____

Recent
2 x 2
Photo
of the Student

HEALTH HISTORY

ALLERGIES

Is your child allergic to any medications/drugs? (e.g. penicillin) ☐ Yes ☐ No
Which medication/drug, and what is the reaction?

_____

Is your child allergic to any food? (e.g. peanuts, tree nuts, shellfish, milk) ☐ Yes ☐ No
Which foods, and what is the reaction?

_____

Does your child have any other allergies? (e.g. dust, pollen, latex, animal dander) ☐ Yes ☐ No
Which allergens, and what is the reaction?

_____

VISUAL DIFFICULTIES

☐ No ☐ Yes ☐ Contact Lens ☐ Glasses (Grade: _____)

Any previous difficulties with Hearing, Speech or Language Development?

☐ No ☐ Yes (Please Specify: _____)

MEDICATIONS AND SPECIAL INSTRUCTIONS

Please list all medications that your child is taking regularly, including prescribed, over-the-counter, and herbal/natural remedies. Please submit or attach your physician's instructions.

_____
_____
_____

Please indicate if your child has had the following conditions:

☐ Seizures	☐ Frequent Headache	☐ Tuberculosis	☐ Diabetes
☐ High Blood Pressure	☐ Eczema	☐ Frequent Nosebleed	
☐ Asthma	☐ Orthopedic	☐ Emotional Trauma	

☐ Others: _____

MENTAL HEALTH/CONDITIONS

Please list all mental health problems and submit/attach a clinical diagnosis if available.

_____

_____

HOSPITALIZATION

Please list approximate year and reason for hospitalization.

_____

_____

_____

IMMUNIZATION

Please submit a photocopy of your child's immunization records.

HEALTH CARD/INSURANCE POLICY DETAILS

Health Card Provider: _____

Telephone Numbers: _____ Card Number: _____

Medical Insurance Company: _____

Telephone Numbers: _____ Policy Number: _____

AUTHORIZATION

I am permitting my child to be given *temporary care by the school nurse or any authorized staff member appointed by the school in case of sudden illness, infirmity or emergency.

**temporary – wound treatment, hot and cold compress*

I understand that all efforts will be made to contact me in the event of an emergency but should all efforts to contact me fail, I hereby give my permission to Britesparks International School to:

1.) Contact an ambulance
2.) Bring my child to the Emergency Care Unit of the Medical City Ortigas and agree to cover all costs that will accrue for my child.

I certify that all the information I have provided is correct and correct.

_____ _____

Parent's Signature over Printed Name Date

Health Policies are included in the School Manual. Please refer to the manual for other details.