



Buenos Aires International Christian Academy

Buenos Aires, Argentina

MEDICAL FORM

Student's name.....Grade.....
DNI°.....Date of Birth.....Blood group.....
Medical Insurance.....N°.....
Closest medical center to the school.....Tel.....
In case of an emergency contact:

	Name	Phone	Relationship
1.
2.
3.

Note: Should you wish to authorize any of these people to take your child away from school in an emergency we would remind you that their signature must be registered on the important data form.

1. Does your child suffer from any of the following health problems? (Cross out what does not apply). If affirmative, please give further details:

- | | | |
|---------------------------|----------|-------|
| ASTHMA | YES / NO | |
| ALLERGY | YES / NO | |
| HEADACHES | YES / NO | |
| SEIZURES | YES / NO | |
| LOW / HIGH BLOOD PRESSURE | YES / NO | |
| DIABETES | YES / NO | |
| DYSMENOREA | YES / NO | |
| ABNORMAL SPINE CURVATURES | YES / NO | |
| JOINT PROBLEMS | YES / NO | |

Is your child on long-term medication? YES / NO (If so, please explain)
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List any serious illnesses, accidents, conditions, handicaps, operations, nutritional problems and/or requirements, mental, psychological or emotional experiences, difficulties or problems this child has had
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To be allowed to practice physical education your child needs to have a yearly medical check-up. Please bring the **signed doctor's certificate** that will be valid for one calendar year.

NOTE: Should there be an emergency, the School will immediately call the parents and VITTAL Medical Service.

Schools are NOT AUTHORIZED TO MEDICATE. If your child is taking medication he/she should bring his/her medicine with the relevant instructions, and inform the School office.

Please provide **copy of your child's immunization records**.

Parent's signature..... Date.....

Full name