MONTANA INTERNATIONAL SCHOOL.

PLEASE ATTACH 2 COPIES OF YOUR CHILD'S PHOTO

MEDICAL FORM

(PLEASE WRITE IN BLOCK LETTERS)

STUDENT MEDICAL REPORT

CHILD'S NAME		COUNTRY OF BIRTH	
DATE OF BIRTH		SEX	
PERSONAL DOCTOR	Name: Tel:	BLOOD GROUP	/ /

Has your child contracted any of the following illnesses? If YES please give approximate date

ILLNESS	YES/NO	DATE	ILLNESS	YES/NO	DATE
MEASLES MUMPS			GERMAN		
WHOOPING COUGH			MEASLES		
CHICKEN POX			SCARLET FEVER		

If your answer is YES to any of the above questions, please give a brief explanation in the space provided below

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……

Does your child suffer from any of the other medical conditions? (e.g Diabets, Epilepsy)

YES/NO:……

Give any detailed information that you wish the school to know about.

……

……

Does your child wear glasses?

YES/NO:……

Give any detailed information that yo u wish the school to know about.

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FAMILY CONTRACT

FULL NAME ……DATE OF BIRTH: ……

SEX: …… COUNTRY OF BIRTH……

If you answer YES To any of the foll owing questions, please give an expl anation: Has your child suffered or currently has problems in any of the following:

ALLERGIES	
BEHAVIOURAL PROBLEMS	
VISION/ EYE SIGHT	
HEARING	
SKIN CONDITIONS	
RESPIRATORY CONDITIONS	
DIGESTIVE CONDITIONS	
CARDIAC CONDITIONS	
TONSILS CONDITIONS	
URINARY CONDITIONS	
BONE/ JOINT CONDITIONS	
SEIZURES/ EPILEPSY	
BLOOD DISORDERS	
Speech difficulties	
Headaches	
Significant Past illness, injuries of operations	
Special dietary requirements	
Regular medication (Please specify)	

Has your child received all vaccinations?	YES NO	

I ……agree that my child may take part in School Health Screening Programmes.

Parent's Signature : ……Date: ……