



London Islamic School Student Health Record 2010/2011



Student Name: _____ Date of Birth: _____

Health Card #: _____ Place of Birth: _____

Father's Name _____ Mother's Name: _____

Address: _____ Telephone: _____

Does your child have any chronic disease or other health problems that the administration needs to be aware of, or that may interfere with emergency medical treatment? No ___ Yes ___ If yes, please specify

Does your child have any food or medical allergies? No _____ Yes _____ if yes, please specify

Does your child take any medication on a regular basis? No _____ Yes _____ If yes, please specify

Has your child had any of the following diseases?

- | | | |
|--------------------|--------------------|------------------|
| ___ Mumps | ___ Diphtheria | ___ Tuberculosis |
| ___ Red Measles | ___ Poliomyelitis | ___ Hepatitis |
| ___ German Measles | ___ Whooping Cough | ___ Chicken Pox |

Does your child have or had any of the following medical conditions?

- | | | |
|-------------------|----------------------------|---------------------|
| ___ Asthma | ___ Headaches | ___ Constipation |
| ___ Heart Trouble | ___ Urinary Disorder | ___ Fainting |
| ___ Diabetes | ___ Frequent Ear Aches | ___ Skin Disorder |
| ___ Convulsions | ___ Frequent Stomach Aches | ___ Eating Disorder |

By signing this health record, you are giving permission to the London Islamic School to release this medical information to the necessary medical emergency personnel if the need arises.

Parent Signature: _____

Parent Name (please print) Date