



The British School in Cairo
المدرسة البريطانية بالقاهرة

The British School in Cairo
2006 / 2007
Health Form

1. Name of Student: First name: Father's name:
2. Sex: Male Female
3. Date of Birth: Day: Month: Year:
4. Class upon admission: Academic year:
5. Address:
District: Floor: Apt. #:
6. Mother's name: Father's name:
Occupation: Occupation:
Business tel. no. : Business tel. no. :
Home tel. no. : Home tel. no. :
Mobile : Mobile:
- E-Mail address: E-Mail address:
7. Family Details:
Number of brothers: Ages:
Number of sisters: Ages:



The British School in Cairo
المدرسة البريطانية بالقاهرة

8. In case of emergency and if the school is unable to contact the parents, please notify :

Name:

Relationship to student:

Home Telephone:

Business Telephone:

Address:

District: Floor: Apt:

Mobile Number (s):

Name:

Relationship to student:

Home Telephone:

Business Telephone:

Address:

District: Floor: Apt:

Mobile Number (s):



The British School in Cairo

المدرسة البريطانية بالقاهرة

9. Details of Child's Pediatrician :

Name:

Address:

Clinic Telephone:

Mobile:

10. Does your child suffer from any chronic disease, for example?

1) Asthma : Yes No

If yes, give details:

2) Food Allergy : Yes No

If yes, give details:

3) Drug Allergy : Yes No

If yes, give details:

4) Diabetes : Yes No

If yes, give details:

5) Convulsions : Yes No

If yes, give details:

6) Convulsions due to high fever : Yes No

If yes, give details:

7) Rheumatic heart : Yes No

If yes, give details:



The British School in Cairo
المدرسة البريطانية بالقاهرة

8) Rheumatic fever : Yes No

If yes, give details:

9) G6PD : Yes No

If yes, give details:

10) Hemophilia : Yes No

If yes, give details:

11) Past history of any infectious viral disease : Yes No

If yes, give details:

12) Any hearing or vision problems : Yes No

If yes, give details:

11. Is your child taking any specific medication on a regular basis? If so, please give details :

.....
.....

12. Has your child had any contagious infectious diseases?

(e.g. measles, mumps, chicken pox, others:

Please specify)

13. Does your child have any other medical or health problems?

Yes No

If yes, please specify)



The British School in Cairo
المدرسة البريطانية بالقاهرة

14. Is there any reason why the student should not participate in the full Physical Education programme? If yes, please give details.

.....
.....

15. The School administration hereby notifies you that the responsibility for your child's vaccinations is yours, however the school will inform you about the due date of the vaccinations.

16. To give your child the maximum care possible, kindly provide us with the following:

- Blood group.
- Complete blood picture.
- Kidney and liver function.

** Please contact the school clinic if you have any other concerns. Please do not forget to attach to this application form any relevant medical records or forms.

** I hereby permit the school clinic to administer all necessary check ups, first aid, non-prescriptive medications and to act in casualties and emergencies including admittance to hospital in case of emergency.

Signature of Parent / Guardian:

Date: