



Bina Bangsa School

培民学校

STUDENT HEALTH INFORMATION

This medical information and the physical examination record must be on file at the campus office on the date of student enrolment in Bina Bangsa School. The Admission Office must be notified if there is a change in guardianship or when parents leave Indonesia on overseas trips without their children. It is the responsibility of parents to inform the school during their absence of leave.

Please complete the form below

STUDENT AND FAMILY INFORMATION

Student

Given Name (s) : _____

Family Name/Sure name : _____

Gender : Male Female

Date of Birth : ____/____/____ (date/month/year)

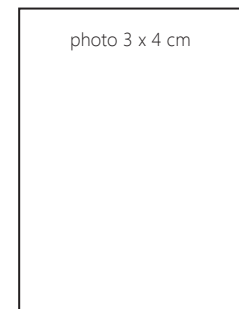
Level/Class : _____

Child resides with:

Both Parents Mother Father

Caregiver/Guardian Others (specify)

Student ID No.



Father / Guardian

Name : _____

Phone : _____

Mobile : _____

Language(s) Spoken at home: _____

Mother / Guardian

Name : _____

Phone : _____

Mobile : _____

Language Spoken at home: _____

Caregiver

Name : _____

Mobile : _____

EMERGENCY CONTACTS : By the Parents

In case my child becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name	Relationship	Home Phone	Mobile Phone
1.			
2.			

IMMUNISATION RECORDS

Please attach a duplicate copy of your child's immunisation records or otherwise provide the following details:

Type	Date	Date	Date	Date	Date
DPT / DT Diphtherial / Pertussis / Tetanus					
Polio					
Measles					
Mumps					
Rubella					
Typhoid Every three years					
Other Vaccinations					

Blood Type : _____

MEDICAL INFORMATION

PLEASE NOTIFY THE SCHOOL OF ANY CHANGE IN THE MEDICAL RECORDS OF YOUR CHILD.

NO MEDICAL CONDITION

OR

My child receives regular care for the following medical condition(s):

Allergies/Allergic

Reaction: _____

Drug Allergies

Reaction: _____

Asthma

Does the student carry an asthma inhaler? No Yes

Diabetes

Is Insulin required? No Yes

Seizures

Is the student on regular medication(s)? No Yes

Name of medication(s) and frequency: _____

Does the student wear glasses or contact lenses? No Yes ; Hearing aid? No Yes

Does your child have any other major health issue(s) that the school should be informed:

No Yes _____

any limits on physical activity : No Yes (please provide details) _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest available one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

A student may not receive medication unless a written permission is signed by a parent or guardian. Parents will be contacted before any medication is given.

Parent's/Guardian's Signature _____

Date _____

Gloria Dei Vivens Homo