



# BANGKOK PREP

Bangkok International Preparatory & Secondary School

Est. 2003

## Medical History Form

(Please complete this form in CAPITAL LETTERS)

Student name: \_\_\_\_\_ School year on entry: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If your child has any pre-existing medical conditions e.g. asthma, diabetes, allergies, nose bleeds, etc. please provide details:

Condition:	Details (including severity and treatment required)

Please give details of the following for your child:

Does your child have a:	Yes	No	Details
Visual impairment			
Hearing impairment			
Co-ordination/ Development disorder			
Skin condition			
Speech impediment			
Or any previous medical operations or other relevant information we should be aware of			

Does your child take any regular medication? Yes / No

If yes please provide details.			
Medication	Prescription/Dose	Required to be given at school	
		Yes*	No

\*Please ensure that you arrange to meet with the Nurse if medication is required to be administered during the school day

## Vaccinations/ Immunisations:

Vaccination	Yes	No	Date
Diphtheria (1 <sup>st</sup> year)			
Diphtheria (3-5 years)			
Whooping cough			
Tetanus (1 <sup>st</sup> year)			
Tetanus (3-5 years)			
Measles			
Mumps			
Rubella			
Polio			
Tuberculosis			
H.I.B. vaccine			
Meningitis A and C			
Hepatitis A			
Hepatitis B			

This form is confidential. If your child has a medical condition which you would prefer to discuss only with the School Nurse, she is available for appointments during school hours. Please contact the School Nurse directly via email [nurse@bkkprep.ac.th](mailto:nurse@bkkprep.ac.th).

By signing below, I confirm that there are no other medical problems that affect my son/daughter, which are known to me at this time.

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## Emergency Contact #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact number #1 \_\_\_\_\_ 2# \_\_\_\_\_

## Emergency Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact number #1 \_\_\_\_\_ 2# \_\_\_\_\_

For office use only:	
Date received: _____	Red Flag: Yes / No
Date entered on to iSAMS: _____	Nurse notified: Yes /No
Staff name: _____	Class teacher notified: Yes / No
	Canteen notified: Yes / No