



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 st year)			
Diphtheria (3-5 years)			
Whooping cough			
Tetanus (1 st 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.

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