



Student Health Form

Student Photo

45 mm
x
35 mm

Student ID No.

School Year

Grade

Date of Birth

Student Gender

Male Female

Student's Family Name

First Name

Middle Initial

Father's Name

Father's Language

Mother's Name

Mother's Language

Home Address in Thailand

Home Telephone

Mobile Telephone

Work Telephone

Email

Business Address

Emergency Contact

Day Telephone

Night Telephone

Sibling's(s') Grade(s) at Rose Marie Academy

Health Conditions

ADD/ADHD

Frequent Stomach Ache

Congenital Anomalies

Convulsions/Epilepsy

Diabetes

Orthopedic Problems

Frequent Headaches

Asthma

Heart Problems

Kidney/Urinary Tract Problems

Menstrual Problems

Migraine Headaches

Ear Problems

Skin Problems

Vision Problems

Other

Please comment on any indicated condition(s), specifying what the problem is in more detail.

Allergies

Routine Medication(s)

Reaction

Reason and frequency

The student's homeroom teacher keeps and administers medication to be taken at school with parental permission. If you would like the homeroom teacher to give your child **Tylenol** or its equivalent for minor aches and pains, headache, toothache, dental pain, menstrual cramps or fever, please sign and date the following consent.

The Rose Marie Academy homeroom teacher of my child has my consent to administer **Tylenol** or its equivalent while enrolled at Rose Marie Academy.

Parents Signature: _____ Date: _____

Date	Age	Weight	Height	Vision Screening				Hearing Screening				
Date				Date	Glasses YN			Comment	Date	R	L	Comment
					B	R	L					

This record must be on file in the Administration Office on the date the student enters Rose Marie Academy. A student who has been absent with a communicable disease must inform Rose Marie Academy and present a doctor's certificate the first day returning to school stating that full recovery has taken place. Parents who may be temporarily unavailable must notify Rose Marie Academy of guardianship. The Administration Office must be informed of any changes to this record such as changes in address, phone number or medical condition.

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified. I certify that all information given on this record is complete and correct.

Parents Signature _____ Date _____