



American Embassy School
New Delhi

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**HEALTH
FORM 1
INFORMATION**

THIS FORM MUST BE COMPLETED BY PARENTS AND SUBMITTED AS PART OF THE APPLICATION PROCESS.

New Student Health Information

Name _____ Age _____ Gender (M/F) _____ Grade _____ Birthday(D/M/Y) _____
First Middle Family

If any assistance is needed with this form, please contact nurses@aes.ac.in or Tel. +91 11 2688-8854 x 3700

STUDENT HEALTH HISTORY (Attach documentation if needed)

Health and Wellness Concerns: Allergies (food, animals, environment), **asthma, diabetes, disability, emotional**, etc.

Physical Activity Concerns: Joint or muscle problems, irregular heart beat, trouble in breathing, heat related problems, etc.

Medications: List all medications that are taken regularly or as needed that are **prescribed by a doctor**.

All medications that will be taken during school need a PERMISSION NOTE from the parent/guardian. All medications, along with the permission note, must be submitted to the school nurse. Medications need to be in the original pharmacy containers and marked clearly with the student's name, name of drug, dosage, schedule and instructions. Students are not allowed to carry any prescription/ controlled medication (such as Ritalin, pain pills, antibiotics, etc.) in their personal belongings while at school.

MEDICATIONS IN HEALTH OFFICE

- 1) Cross out any medications you **do not want** your child to be given by the school nurse.
- 2) Medications not crossed out **indicates permission** for the nurse to administer without contacting the parent:

- | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| ✓Acetaminophen for headache, fever or minor discomfort (other names for this are Tylenol, Panadol, Paracetamol, Crocin) | ✓Topical ointments or solutions for minor wounds, skin irritations, and insect bites/stings (list is available in the health office) |
| ✓Strepsil throat lozenges for mild sore throat | ✓Ibuprofen for menstrual cramps, headaches |
| ✓Cough lozenges for cough | ✓Digene for heartburn and stomach acidity |

EMERGENCY TREATMENT AGREEMENT and CONSENT

I hereby certify that my child is physically fit and able to participate in physical activities/athletics. While I expect the school authorities to exercise reasonable precautions to avoid injury, I understand that the school has no financial obligation for any injury or illness that may occur during school-related physical activities/athletics.

I authorize and direct the school authorities to administer emergency treatment and to send my child to the medical facility most readily accessible in the event of an emergency, when immediate observation or treatment is deemed necessary in the judgment of the school nurse/authorities and I shall not hold the school nurse/authorities liable in a court of law. I understand that in the event of a medical emergency, every effort will be made to notify parents as soon as possible.

NOTE: It is the responsibility of the parent /guardian to notify the school nurse in writing of any changes to information given in this form.

Signature of Parent _____ Date _____