NORTHBRIDGE INTERNATIONAL SCHOOL CAMBODIA
A NORD ANGLIA EDUCATION SCHOOL

P.O. Box 2042, Phnom Penh 3, Cambodia
T 023 886 000/006
E enquiries@nisc.edu.kh

MEDICAL CONSENT & EMERGENCY CONTACT FORM

STUDENT NAME: _____ **Grade:**_____
(Last) (First) (Middle)

Student's photo

Student Preferred or Nicked Name:_____ Male ☐ Female ☐

Date of Birth: _____ Height:_____ Weight: _____
(Day) (Month) (Year)

Nationality:_____ ID/Passport:_____ Religion (if any):_____

Blood Type(if known):_____

Home Address:_____Town/City_____Postal Code:_____

Mother's Name:_____ Phone Number:_____

Father's Name:_____Phone Number:_____

Sibling(s) Name: _____ _____ _____

EMERGENCY CONTACTS

Name:_____ Relationship:_____Phone No.1:_____ Phone No.2:_____

Name:_____ Relationship:_____Phone No.1:_____ Phone No.2:_____

MEDICAL INSURANCE

Does your child have medical insurance? Yes ☐ No ☐ Medical Insurance Provider:_____
Policy Number:_____ Insurance Emergency Call Centere Number:_____
*If you child has no insurance, please tick the box sign below:
☐ *I acknowledge that my child has no medical insurance policy and that I will be responsible for any fees incurred due to personal loss or injury.*

Sign:

Please provide name of clinic/hospital you would prefer your child to be taken to in case of emergency:

_____

MEDICAL INFORMATION

Please indicate with a tick (✓) if your child suffers any of the following:

☐ Bed Wetting	☐ Seizures of any type	☐ Heart Condition	☐ Travel Sickness
☐ Epilepsy	☐ Sleepwalking	☐ Asthma	☐ Recent breaks or sprains
☐ Diabetes	☐ Migraine Headaches	☐ Allergies	☐ Fainting
☐ Ear Infection	☐ Hearing Difficulties	☐ Skin Condition	☐ Visual Problem
☐ Urinary Infection	☐ Menstrual Problem	☐ Tuberculosis	☐ Orthopedic Condition

☐ Others (Please specify): _____

Please give further details of ANY boxes that you have ticked, or any other relevant information, including dietary considerations. Please write N/A if there is nothing to add._____

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MEDICATION

I don't allow any medication to be given to my child. ☐

I allow the following medications to be given to my child in case of sickness or emergency. ☐

*Tick (✓) the following medication you allow to be administered by the school nurse.

Generic Name: Paracetamol (Antipyretic, Analgesic) • For fever and pain	
Tylenol Suspension	
Biogesic Suspension for children	
Panadol Tablet	
Generic Name: Ibuprofen (Anti-inflammatory, Antipyretic, Analgesic) • For fever, pain and inflammation	
Mylan Tablet	
Upro Tablet	
Upro Suspension for children	
Generic Name: Citirizine (Antihistamine) • For allergic reaction • Allergic rhinitis	
Zyrtec Tablet	
Allergyl Syrup	
Promethazine • For allergic reaction	
Phenergan Syrup	
Phenylephrine HCL + Paracetamol+ Dextro methorphan+Cetirizine • For Cough, cold, flu and fever	
Sinex Forte Tablet	
Dimetapp syrup for children	

Phenylephrine HCL + Paracetamol • For cold and flu	
Panadol Tablet	

Salbutamol Bromhexine (Mucolytic) • For cough	
Ascoril syrup	
Aluminun hydroxide and magnesium hydroxide (antacid) • For gastritis • Dyspepsia • Upset stomach • Acid indigestion	
Maalox	
Domperidone (Antiemetic) • For Nausea and Vomiting	
Motilium	
Diosmectite (Antidiarrheal, Intestinal Antiinflammatory) • For painful symptoms of diarrhea and other gastrointestinal disorders	
Smecta	

Sign:

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IMMUNISATIONS

*Please provide us with the vaccination record of your child or fill out the following.

Tetanus: _____ Date: _____ Booster: _____

Rabies:_____ Date: _____ Booster: _____

Other shot(s) according to local health requirement:

DPT (Diphtheria/Pertussis/Teatanus) Date: _____ Booster: _____

OPV (Oral Polio Vaccine) Date: _____ Booster: _____

BCG (TB Vaccine) Date: _____ Booster: _____

TB Skin Test Date: _____ Booster: _____

Other Vaccinations:

1. _____ Date: _____ Booster: _____

2. _____ Date: _____ Booster: _____

SWIMMING LEVEL

Non-Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced ☐

COMMENTS/CONCERNS:

_____

_____

_____

_____

_____

_____

I, _____ , legal guardian of _____ certify that that the above information is correct and current as of today.

Sign over printed name:

Date:_____