



Medical Form

Please complete for all NEW students and if information has changed for RETURNING students.

Student Information

Name	first	last	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	dd mm yyyy	Age	Height	Weight	Class
Religion (if any)	Blood Type (if known)	Class Teacher			
Nationality	ID/Passport Number				

Emergency Contacts

(1) Name	Relationship	
Day-time Telephone	Mobile	Home Telephone
(2) Name	Relationship	
Day-time Telephone	Mobile	Home Telephone

Siblings

(1) Name	Class	(2) Name	Class
----------	-------	----------	-------

Medical Insurance

Does your child have medical insurance? Yes No* Medical Insurance Provider

Policy Number Insurance Emergency Call Centre Number

*If your child has no insurance policy, please tick (✓) the box and 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.

Medications

My child does not require any medication in school OR

Please complete the table below if your child is on ANY medications (Prescription or non-prescription, including traditional).

Name of medication (in English)	Reason for Medication	Daily Timing and Dosage

• All medications must be clearly marked in English with student's name, name of medication, dosage amount and when medication is given
 • Except for EPIPEN & INHALERS, pupils are not permitted to be in possession of any medication whilst on a school trip
 • A member of School staff, prior to departure, will collect all medications. All medications will be kept in the first aid kit & administered by staff

Non-Prescription Medications
 I give my permission for my child to receive oral, non-prescription medications if necessary (i.e. Paracetamol, Panadol) Yes No



Medical Form

Immunisations

This section of the form may be filled out by a physician or parent/guardian (copies of immunisation records may be submitted).

Immunisation	Dates immunisation received					Remarks
Diphtheria						
Tetanus						<i>Date of last booster</i>
Polio						
Pertussis						
Measles						
Mumps						
Rubella						
Hepatitis A						
Hepatitis B						
Pneumococcal						
Haemophilus Influenza (Hib)						
Meningococcal						
Chicken Pox						
BCG						
Typhoid						
Other						

Please refer to the National Childhood Immunisation Schedule, Singapore on the final page.

Comments / Concerns _____

Parent Signature and Waiver Of Liability For All Education Trips

I, _____, legal guardian of _____ give permission for my child to participate in DCIS trips, and any related activities as planned by the teacher in charge. In the event of accident, illness, and where it is impracticable to communicate with me, I give permission for the teacher in charge to act as legal guardian, and to seek medical and/or surgical treatment as may be deemed necessary by the medical authorities present. In such circumstances, I hereby confirm I will be responsible for any and all expenses resulting from the decisions.

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

Parent / Guardian Name _____ Signature _____ Date _____

It is the responsibility of the parent/guardian to notify the school in writing of any changes to the information given in this form e.g. changes of address, contact numbers, physical condition or medications.



Medical Form

National Childhood Immunisation Schedule, Singapore

Immunisation Chart Based on Age (Revised in April 2014), http://www.healthhub.sg/live-healthy/363/immunisation_chart_based_on_age

Age	Vaccine	Immunisation against
Birth	BCG	Tuberculosis
	Hepatitis B - 1st dose	Hepatitis B
1 Month	Hepatitis B - 2nd dose	Hepatitis B
3 Months	DTaP - 1st dose	Diphtheria, Pertussis & Tetanus
	IPV - 1st dose	Poliomyelitis
	Hib - 1st dose	Haemophilus influenza type b vaccine
	Pneumococcal Conjugate - 1st dose	Pneumococcal Disease
4 Months	DTaP - 2nd dose	Diphtheria, Pertussis & Tetanus
	IPV - 2nd dose	Poliomyelitis
	Hib - 2nd dose	Haemophilus influenza type b vaccine
5 Months	Hepatitis B - 3rd dose*	Hepatitis B
	DTaP - 3rd dose	Diphtheria, Pertussis & Tetanus
	IPV - 3rd dose	Poliomyelitis
	Hib - 3rd dose	Haemophilus influenza type b vaccine
	Pneumococcal Conjugate - 2nd dose	Pneumococcal Disease
5-6 months	Hepatitis B - 3rd dose*	Hepatitis B
12 months	MMR - 1st dose	Measles, Mumps & Rubella
	Pneumococcal Conjugate - 1st booster	Pneumococcal Disease
15-18 months	MMR - 2nd dose**	15-18 months
18 months	DTaP - 1st booster	Measles, Mumps & Rubella
	IPV - 1st booster	Diphtheria, Pertussis & Tetanus
	Hib - 1st booster	Poliomyelitis
	MMR - 2nd dose**	Haemophilus influenza type b vaccine
10-11 years [^]	Tdap - 2nd booster	Measles, Mumps & Rubella
	Oral Polio - 2nd booster	Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis Poliomyelitis

Notes:

Human Papillomavirus - Recommended for females 9 to 26 years; three doses are required at intervals of 0, 2, 6 months

BCG - Bacillus Calmette-Guérin vaccine HepB - Hepatitis B vaccine

DTaP - Paediatric diphtheria and tetanus toxoid and acellular pertussis vaccine

Tdap - Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine

MMR - Measles, mumps, and rubella vaccine

OPV - Oral polio vaccine

IPV - Inactivated polio vaccine

Hib - Haemophilus influenza type b vaccine

PCV - Pneumococcal conjugate vaccine

D1/D2/D3 - 1st dose, 2nd dose, 3rd dose

B1/B2 - 1st booster, 2nd booster

[^] Primary 5 * The 3rd dose of Hepatitis B vaccination can be given with the 3rd dose of DTaP, IPV and Hib for the convenience of parents

** 2nd dose of MMR can be given between 15-18 months

Immunisations for Diphtheria and Measles are COMPULSORY by Law.