

# Medical Form

## INTRODUCTION TO THE MEDICAL FORM

In completing the medical form please note the following:

This form consists of three parts: introduction, part A and part B. Providing data included in this form (regarding the child's state of health and other information) is voluntary. Please provide us all information that you consider important for the safety of the child in School and the appropriate care after a child. Questions presented below aim to help you to decide what information may be necessary for the School.

It is recommended to provide the School doctor's summary and recommendations dated within the previous 6 months for children with chronic or recurring conditions such as asthma, diabetes, attention deficit, etc., including any limitations or precautions and medications which may be needed at school.

### Updating of records:

Parents/Guardians are obliged to inform the School's Secretary in writing about any change of data contained in this form and in contact form and in particular in the following cases:

- There is a change of telephone number, address or emergency contact person.
- Your child has had any serious illness or injury during all holidays or weekends.
- There is any other change in your child's health status, about which the school should know.

### Eye tests

These should be done either by an optician here in Poland or in your home country when your child enters school and regularly thereafter. Annual vision screening is recommended by the School Health Service in the UK.

### Absence:

1. Children should not come to the School if they:
  - have had a fever within the previous 24 hours,
  - have any contagious illness other than the common cold,
  - are so unwell or uncomfortable that they cannot participate in school lessons and activities.
2. Parents should call the school secretary on the first day of any absence to explain the reason. This is especially important if the illness is contagious.
3. Any child, who has been absent, must deliver the form teacher a written note on the first day back at school in order to explain the reason for the absence.
4. It is recommended to let the school know if your child has been treated for head lice, pin/thread worms or other infectious conditions.

**ALL THE ABOVE WILL BE KEPT STRICTLY CONFIDENTIAL.  
IN EMERGENCY CAN BE DISCLOSED TO A DOCTOR.**

**NOTE:** If you have any questions, please contact the Principal's secretary office.

MEDICAL FORM – PART A

FAMILY NAME ..... FIRST NAMES .....

Date of birth ..... Male ..... Female .....

Mother's name ..... Father's name .....

Religion ..... Nationality .....

Address of residence .....

Parents/Guardians telephone numbers .....

Child's PESEL number (if applicable) or passport number .....

Is the child entitled in Poland to health care financed from public means: .....

Is your child registered in any medical care facility in Poland? .....

If yes, which one: .....

Family Doctor: ..... Tel. Number: .....

INFORMATION ABOUT THE CHILD:

Medications currently taken: .....

Does your child wear glasses/contact lenses? YES NO

Kind of eyesight defect .....

Does your child have any hearing problems? YES NO

Does your child have asthma? YES NO

Does he/she have an inhaler? YES NO

Does your child have any speech difficulties? YES NO

What kind? .....

Has he/she had any speech therapy? YES NO

What reason? .....

Does your child have any special learning disabilities? YES NO

Please explain .....

Does your child have any special dietary requirements? YES NO

What kind? .....

Does your child ever had any emotional, social or physical problems? YES NO

What kind? .....

Does your child suffer from, or has he/she suffered from anything that you think is important for the school to know about (chronic illnesses, recurrent diseases, disability, fits, hospitalization, operations, problems associated with attention deficit)?

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Allergies: ..... Symptoms: .....

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Serious illnesses or injuries in the past that you think is important for the school to know about (e.g.: perinatal problems)

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Other: .....

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Parents'/Guardians'signatures ..... \*Date: .....

*(\*signing of this form by one Parent/Guardian shall be equivalent in legal effect with the declaration of the signing person that he/she acts on his/her own behalf and on behalf of the other Parent/Guardian)*

MEDICAL FORM – PART B  
PHYSICAL EDUCATION

In order to make sure that child can safely participate in activities organized by school, please fill in the following form relating to your child's health condition:

PUPIL'S NAME ..... SURNAME .....

**DO YOU AS A PARENT/GUARDIAN AGREE FOR THE PARTICIPATION OF THE PUPIL INDICATED ABOVE IN SPORT ACTIVITIES AND COMPETITIONS, TRIPS AND OTHER FORMS OF PHYSICAL ACTIVITIES ORGANIZED BY SCHOOL?**  
(please choose the positive or negative answer)

I/We give our consent to the Pupil's participation in sports activities and competitions, trips and other forms of physical activity organised by the School By consenting to the above, I/we acknowledge that participation in sports activities and competitions, trips and other forms of activity involves a natural risk element, and we consciously accept that risk.

I/WE AGREE

I/WE DO NOT AGREE

(If the answer is negative, please complete following statement).

My child's activities organized by school, in particular physical education, swimming classes, other sports activities, trips, other forms of physical activities may be affected by the following:

- Physical problems, in particular disability, allergies, asthma, etc.: .....

- Medication: .....

- .....

- Other .....

- .....

The child cannot participate in:

.....

Parents'/Guardians'signatures: ..... Date: .....

*(\*signing of this form by one Parent/Guardian shall be equivalent in legal effect with the declaration of the signing person that he/she acts on his/her own behalf and on behalf of the other Parent/Guardian)*