Student Medical Record (For Verification by Parent/Guardian)

Please fill in or update your child's/ward's existing medical condition(s) in the form below and return it to your child/ward's Form Teacher on <u>Tuesday, 3 January 2023.</u>
(Note: Information contained in this section will not prevent your child/ward from taking PE lessons unless further medical advice warrants exclusion)

Name:		ID No:	Mobile Number:
Date of Birth:	Sex: Male	Class:	Email:

Medical Condition	**Yes/No**	**If yes, please state the special precaution to take for your child/ward.** Please attach supporting medical information from the attending doctor(s).
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. food, medication, insect bites and stings		
Is your child/ward on regular medication?		
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?		
Other relevant medical information		
I hereby authorize the teacher and instructors to obtain medical assistance which they deem necessary should an accident occur. I submit the **attached medical information from the attending doctor(s)** concerning my child/ward which includes details of limitations that he/she has for activities concerned.		

I am aware that by signing this document, I consent to the Ministry of Education, the schools my child may be enrolled in, and its staff (including Form Teachers, PE teachers, CCA teachers, Year Heads, and other authorized personnel) using the information contained herein for the purposes of:
(a) updating any student information databases managed by the schools or the Ministry of Education,
(b) planning and conducting the schools' programmes,
(c) sending me information on education-related issues and events, and
(d) making disclosure of all necessary data (including personal data of both my child and I) to other parties to facilitate the provision of services for my child's educational advancement or other purposes beneficial to my child as determined by the Government, unless such sharing is prohibited by law.

I confirm that the above information is correct.

_____   _____   _____
Parent's/Legal Guardian's Name   **Parent's/Legal Guardian's Signature**   **Date**