

NIS STUDENT MEDICAL WAIVER FORM

Part 1

Name of Student: _____ Grade Level _____ Birthday _____

Name of Parent/Guardian: _____ Contact Number/s: _____

Other People to Contact in Case of Emergency:

Name and Contact Number/s 1. _____

2. _____

Part 2

Please indicate if the child has had any of the following:

FOOD ALLERGIES	MEDICINE ALLERGIES	OTHER ALLERGIES

Part 3

Please list any previous hospitalization or known disease or medical condition and medications taken by the child on a regular basis: (PLEASE ATTACH ANY NECESSARY MEDICAL DOCUMENTS)

Part 4

This student is fit to attend school YES NO

This student may: (check the following for YES)

Participate fully in athletic activities and competitive sports

If not, please indicate the reason:

The school nurse can administer the following medication: (check the following for YES)

- | | |
|---|---|
| <input type="checkbox"/> Analgesic/Pain Reliever and Antipyretic
<input type="checkbox"/> Relief for Fever- Paracetamol
<input type="checkbox"/> Cough and Cold Remedy
<input type="checkbox"/> Anti-Acid/Antacids
<input type="checkbox"/> Eye Drops- for eye irritation and redness | <input type="checkbox"/> Anti-Burn/Antibacterial- Silver Sulfadiazine
<input type="checkbox"/> Anti-diarrheal- Loperamide
<input type="checkbox"/> Anti-Itch- Calmoseptine
<input type="checkbox"/> Mouth/Throat Preparation |
|---|---|

Headmaster's Signature

Parent's Signature

In the event that my child needs emergency medical care and I cannot be contacted, I give my permission for NIS authorities to act on my behalf. I authorize them to sign any necessary medical release forms required by local hospitals.

 Name & Signature of Parent/Guardian

 Date