BSG

British School of Geneva

Recent photo of child

STUDENT EMERGENCY AND HEALTH CARD

All information provided will be kept in strict confidence and shared only when necessary to ensure student safety and well-being.

Student information

Student's family name

Student's first name

Gender

Date of birth

Nationality

Class

Address

Street name and number

Postal code

City

Country

Home telephone

Mother's information

Family name

First name

Mobile telephone

Personal email

Employer

Professional telephone

Professional email

Father's information

Family name

First name

Mobile telephone

Personal email

Employer

Professional telephone

Professional email

Please list two people who can act on parents' behalf in case of emergency

Emergency contact #1

Family name

First name

Relationship to the child

Mobile telephone

Professional telephone

Emergency contact #2

Family name

First name

Relationship to the child

Mobile telephone

Professional telephone

Insurance information

Health Insurance Company Name and Policy Number

Accident Insurance Policy Number and Policy Number

Student's medical/health information

Does your child suffer from any medical problems (e.g. heart problems, asthma, diabetes)?
☐ Yes ☐ No If yes, please specify:

Does your child suffer from any emotional or behavioural issues (e.g. anxiety, ADHD or eating disorders)?
☐ Yes ☐ No If yes, please specify:

Has the student had any surgery?
☐ Yes ☐ No If yes, please give details including dates:

Does the student have any known allergies to food, medication or other (e.g. bee stings)?
☐ Yes ☐ No If yes, please specify:

Does the student take any regular medication?
☐ Yes ☐ No If yes, please give details including dosage and the prescribing physician's name:

Dates of last vaccinations (Please attach a copy of the vaccination certificate)

Diphtheria	Mumps	Tetanus	German measles
Poliomyletis	Whooping cough	Tuberculosis	Typhoid
Measles	Hepatitis	Hepatitis B	

I authorise the school to give my child appropriate doses of the following medication(s) in case of need

Paracetamol/Acetaminophen ☐ Yes ☐ No Antihistamine for allergic reactions ☐ Yes ☐ No
Ibuprofen ☐ Yes ☐ No Is there any other specific medication that your child is not allowed to use ☐ Yes ☐ No

Medications not allowed:

In case of medical emergency, I agree to my child receiving medication and/or medical, dental or surgical treatment, as considered necessary by medical authorities. ☐ Yes ☐ No

I agree to inform the school immediately of any change in my child's medical condition. ☐ Yes

Physician's contact details

Physician's name	Physician's phone number	Physician's address
Physician's signature	Date	Physician's seal

I declare the above information to be correct

Parent's signature

Date