



British School of Geneva

Recent photo  
of child

## STUDENT EMERGENCY AND HEALTH CARD

### 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

Poliomyelitis

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