



ACS (International)

Student Health Declaration:
To be filled out by the parents or guardian and returned to Nurse Pauline Tang
pauline.tang@acsinternational.edu.sg

Name of pupil: _____ Year & House: _____ Date of birth: _____

Name of parent or guardian: _____ Tel: _____

Name of parent or guardian: _____ Tel: _____

If person name above is not available in the event of an emergency, please contact:

Name: _____ Relationship: _____ Tel: _____

Medical Condition	Yes / No	Special precaution to take for my child, if any (Please attach supporting <i>medical information</i> from the attending doctor)
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Eczema or Rashes		
Allergies e.g. 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		

Name of Family Doctor & Clinic _____ Hp: _____

Professional	Name	Organisation	Frequency of involvement e.g. per week/ month/ year	Start date	End date
Educational Psychologist					
Counsellor					
Clinical Psychologist					
Medical doctor					
Medical Specialist (eg. ENT, Surgeon, Orthopaedic, Psychiatrist, etc)					
Speech and Language therapist					
Occupational therapist					
Physiotherapist					
Others ¹ (please specify)					

¹ Examples include home-based therapists, audiologists, music therapists, etc

Emergency Treatment Authorization

In the event of an emergency when immediate observation or treatment is deemed necessary in the judgment of the school nurse/authorities, I authorize and direct the school authorities to send to the medical facility most readily accessible. I also authorize the school principal to be the legal guardian in the event of any critical crisis whereby the appointed custodian parent/guardian is uncontactable. I shall not hold ACS International or the school authorities liable for any expenses, claims, loss or damage that may arise as a result of such action and shall indemnify the school for all expenses, losses and claims incurred by it in relation to such action.

I authorize the nurse, teacher, and or 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. Information contained in this section will not prevent your child/ward from taking PE lessons unless further medical advice warrants exclusion

I am aware that by signing this form, I am consenting to the school and its staff (including Form Teachers, PE teachers, CCA teachers and other authorized school personnel) using the information contained herein for the purposes of (a) updating any student information databases managed by the school or the Singapore Government, (b) planning and conducting the school's programmes and (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health- care providers, and other parties in order to ensure the safety and well-being of my child.

I hereby declare that all the information provided is true and accurate to the best of my knowledge.

Name of parent
or guardian: _____ Signature: _____ Date _____