



New International School Of Thailand

Est. 1992

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Accredited by CIS & NEASC

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NIST

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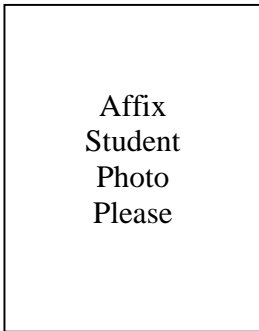
Sukumvit Road

Bangkok 10110

Thailand

Student Health and Emergency Information

(This section for school use only)



Affix
Student
Photo
Please

School Year	Student's Class	School Year	Student's Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This record must be kept on file and update from the date the student enter school. Any student who has been with a communicable disease must have a doctor's letter stating a full recovery taken place. The school must be notified of an interim guardianship if parent/ guardian should leave Bangkok.

(Please use block capitals.)

Student's Family name _____ Given names _____ Date of birth _____ / _____ / _____ Male or Female (Circle one)

Father's name: _____ Mother's name: _____

Home address in Thailand: _____ Home Tel: _____

Business address (Father): _____ Tel: _____

Business address (Mother): _____ Tel: _____

Parent's Mobile Phone: Father _____ Mother _____

Additional emergency contact (name) : _____ Tel: _____

: _____ Tel: _____

Sibling (s) / Sibling (s)' class at NIST : _____

: _____

NOTE : Please notify the Admissions Office of any changes in phone numbers or contacts.

Health Conditions and Medical Information

The following health conditions can be a concern, Please indicate any that apply or add others if needed.

_____ Asthma _____ ADD / ADHD _____ Congenital Anomalie _____ Menstrual Problems _____ Convulsion / Epilepsy
_____ Diabetes _____ Ear Problems _____ Heart Problems _____ Skin Problems _____ Frequent Headaches
_____ Orthopedic Problems _____ Scoliosis _____ Kidney /Urinary Tract Problems _____ Rheumatic Fever _____ Tuberculosis
_____ Visual Problems(circle):glasses,contact lenses, _____ Other _____

Please comment on any indicated condition(s), specifying what the problem is and giving any information that would help the school nurse better care for the student during the school day: _____

ALLERGIES (medication, food, and / or other): _____

Reaction: _____

Does the student carry an asthma inhaler ? No yes Name of the inhaler: _____

Is the student on regular medication ? No yes

Please list the name of the medications / Frequency : _____

Does the student take any medications during school hours ? No yes

Please list the name of the medications / Frequency : _____

Able to participate in physical education activities : No yes

Explain any limits on physical activity : None

Note : Administration of all medications require parental permission and must be kept in the nurse's office and be administered by the school nurse only prescription medication may be given by the school nurse with the exception of the **Tylenol** (also known as **Panadol, Tempra, Paracetamal**)

With your permission the school nurse may give your child Tylenol or its equivalent for minor aches and pains, such as headache, toothache, dental pain, menstrual cramps, or fever. Please indicate your desire by choosing one of the following statements:

NIST nurses may give **Tylenol**, or its equivalent, to my son/daughter

OR

NIST nurses may **not** give my son/daughter **Tylenol** or equivalent at school

Permission is hereby given for emergency measure to be initiated in case of accident or illness with the understanding that I will be notified. I certify that all information given on this record is complete and correct.

Parent's signature: _____ Date _____

