

Medical Form

To be completed each year by the Parent/Guardian and returned to the Admissions Office.

Student Information

Name: _____ Sex: ____ Grade: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Medical History

Has your child had any of the following diseases?

Chicken Pox Yes No

Mumps Yes No

Scarlet Fever Yes No

Measles Yes No

German Measles Yes No

Please tick the appropriate box if your child has or has had any of the following health conditions:

Allergies Yes No

Please explain _____

Frequent headaches/Earaches Yes No

Convulsions Yes No

Please explain

Tuberculosis Yes No

Epilepsy Yes No

Diabetes Yes No

**Attention Deficit and
Hyperactivity Disorder** Yes No

**Please
explain**

Has your child ever had an operation? Yes No

Please explain and give date

Has your child ever had a serious injury? Yes No

Please explain and give date

Is your child currently receiving any medical treatment? Yes No

Details (including drug(s) and dosage if applicable)

Medical Form

Is he or she required to receive such treatment in school time? Yes No

If so, you will be kindly asked to give the doctor's prescription to the school nurse upon his or her acceptance.

Please indicate if the child should be excused from a particular sport during the current academic year _____

Please write in any other information regarding your child's health that we should know. If any new important information arises after filling in this form, please inform the School.

If you have or will have private health insurance, please provide the following details:

Insurer name	Address
Contact person	
Telephone	Fax
Insurance No.	Email

Permission for Medical Treatment

I give permission to qualified medical personnel at World Academy of Tirana to provide medical treatment to my child, but only in case I cannot be contacted to give permission personally, or I am otherwise unavailable. WAT will provide care and treatment to reduce fever, unnecessary pain, complications, scarring, or delays in recovery, as well as to protect life or limb.

However, in the case of a serious accident or emergency, my child will be taken to the hospital. The school will immediately contact the parents, or if not available, another emergency contact. Thank you.

Parent/Guardian's signature: _____ Date: _____