



# 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 • Yes • No

Hyperactivity Disorder

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 during 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.

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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: \_\_\_\_\_