



THE PALMRIDGE SCHOOL - GENERAL TRIAS

Preschool • Grade School • High School
Arnaldo Highway, General Trias City, Cavite

H-1

School Clinic Health Record

Please print legibly ALL information ACCURATELY, COMPLETELY and check appropriate boxes.

Student health information is for records purposes that must be kept on file in the school clinic on the date this form is filled out and submitted by a parent or guardian. Any student who has been absent because of any communicable disease must inform the School Nurse and must present a doctor's certificate stating that full recovery has taken place on the first day of his/her return to school. All data provided in this form will be the baseline of care by the School Nurse and shall be confidential.

Student's Legal Name: _____
(Birth Certificate) Last Name/Surname First Name/s Middle Name Nickname

Date of Birth: _____ Age: _____ Gender: M F Citizenship: _____
Month Day Year

Place of Birth: _____ Religion: Catholic Christian Muslim Others: _____
City Country

Home Address: _____
House No. and Street Village/Subdivision Municipality/City Province/State Zip Code

Home Phone No./s: _____ Mobile No./s: _____

Father's Name: _____ Contact No./s: _____

Mother's Name: _____ Contact No./s: _____

Name of Person to contact in case of emergency (if different from above): _____

Relation with the child: _____ Tel. No. or Mobile No.: _____

HEALTH PROFILE

Please check any of these conditions that concern your child.

- Visual Problem: Wearing eyeglasses Wearing contact lenses
- Ear Infection Migraine / Headache
- Hearing Difficulty Epilepsy
- Bronchial Asthma Fainting Spell
- Nose Bleed Blood Disorder
- Tonsillitis Stomach Upset / Abdominal Pain
- Heart Problem, please specify: _____
- Congenital Anomalies, please specify: _____
- Skin Problems, please specify: _____
- Allergies: Dust Food: _____
 Medicine: _____
- Psychological Disorder, please specify: _____
- Others, please specify: _____

May the school nurse administer treatment as medical needs indicate? Yes No

Please write down the usual medication/s used by your child for specific symptom/s or ailment/s.

If emergency treatment is necessary, may the school authorities take the child to the nearest doctor and/or hospital before calling parents? Yes No IF "NO" give name of preferred:

HOSPITAL: _____ DOCTOR: _____ TEL. NO.: _____

* If student's activities should be restricted in any way, the parent must advise the School Head in writing on a separate sheet.

* If any special medication is to be given at school, the parent must send a supply of the medicine with written instructions for use, prescription signed by the Attending Physician, and noted by the parent.

* It is the responsibility of the parent/guardian to notify the School Nurse, in writing, of any changes to the information given on this form (ex. physical condition, medication, address, and contact numbers).

*** PARENTS ARE ALSO REQUESTED TO SUBMIT A COPY OF STUDENTS' IMMUNIZATION SUMMARY WITHIN THE WEEK AFTER THIS FORM IS SIGNED ***

Parent's / Guardian's Signature above Printed Name

Date

