

Student Health Information Form

Student Information	
Name / Surname	
Date of Birth	
Gender	FEMALE MALE
Class	
Health Insurance Coverage	YES NO
Name of Insurer	
Policy Number	
Known Medical Conditions	
Allergies(determined by doctor's report)	
Is there any disease, surgery, accident that he/she had before? Send prescription medicines to the school nurse to be used at the school for your current illness.	
Always send medicines together with the prescription Drug you want the student to use. No prescription medication is available.	
In case of need: First aid, antiseptic solution, O2 water, wound band, antihistaminic pomade, herbal Arnica cream, sophisticated drops, artificial tears can be used for clean wound	YES NO
Mother Full Name	
Mother Cell Phone	
Father Full Name	
Father Cell Phone	

Emergency Contact	
Full Name	
Relationship	
Phone Number	

- I understand that it's my responsibility to ensure that my child has a full coverage medical insurance and provide copies of the policy to school during registration.
- I understand that the school is not responsible for any medical payments in case of accidents occurring on campus or field trips.
- In case of emergency the following hospitals will be first point contact;

Çamlıca Campus: Acibadem Kadıköy Hospital

Full Name of the Parent:

Signature:

Date:
