

Curacao American Preparatory School

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MEDICAL FORM



School year: _____

Student Information

Name: _____ Gender (M/F): _____ Entry Grade: _____

Date of birth: ____ / ____ / ____
DD MM YY

Other Emergency Contact (relative, friend, neighbor, colleague)

Name: _____

Address: _____

Home number: _____ Work number: _____

Mobile number: _____

Physicians Name: _____ Telephone Number: _____

Medical History (Circle the correct answer)

Has your child ever had an operation? YES NO

Please explain and give date _____

Has your child had a serious injury within the past two years? YES NO

Please explain and give date _____

Is your child currently receiving medical treatment? YES NO

Drug and dosage _____

Does your child have any specific dietary needs? YES NO

Please explain: _____

Has your child had any of the following diseases?

Disease / Condition	Date
Measles	
Asthma	
Cardiac Murmur/Rheumatic Fever	
Diabetes	
Encephalitis	
Head Injury/Concussion	
Intestinal Parasites	
Malaria	
Nephritis	
Tuberculosis	
Ulcer	
ADD/ADHD	
Whooping Cough	
German Measles	
Hepatitis	
Scarlet Fever	
Mumps	
Chicken Pox	
Diphtheria	
Convulsions	
(Circle one)	
Frequent headaches	Yes No
Frequent earaches	Yes No

In case of an emergency, I authorize the school to use its judgement if no authorised person listed above can be reached

In case of an accident or an emergency, the child will be taken to the hospital, if necessary. The school will immediately contact the parents or the person listed above.

Parent/Guardian's signature: _____ Date: _____



Accredited by SACS (Southern Association of Colleges and Schools)