



## Medical Questionnaire

Please complete and return your child's medical questionnaire. This is a confidential questionnaire and it is used by the Colégio Santiago Internacional as information and precaution measure.

Student name: \_\_\_\_\_

Year of entry to CSi: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please give details of the following:

Any allergies or sensitivities to food, medication, pets or to insect stings:
Any chronic or recurring medical conditions needing regular or occasional medication or treatment:
History of any serious illnesses or injuries requiring admission to hospital:
Any other condition that might affect your child in his or her school life:
Are there any psychological factors that affect your child of which we should be aware?
The name, address and telephone number of your child's GP:

*Please complete the following section:*

**Consent to emergency treatment**

I/We authorize the Directors, or an authorized deputy acting on his/her behalf to consent on the advice of an appropriately qualified medical specialist to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure (under the National Health Service / privately, either at our expense, or under our private medical insurance cover) **if the school is unable to contact me/us on time.**

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Or

Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_