

Last Name: _____ First Name: _____

Grade: _____

International School of Stavanger Athlete's Medical Form for Extra-Curricular Activities and Trips

Please circle appropriate answer. If more room is needed for information please continue on back of form.

1. Does your child take any medication? Yes / No

2. Will your child need to take medication on any of the school trips? Yes / No

If yes, please supply information for all medication your child will be taking (name of medication, dosage, number of times a day, and at what times of the day):

3. Does your child have any physical problems or disabilities that might affect his or her ability to participate in their desired activity (ies)? Yes / No

4. Does your child suffer from any allergies? Yes / No

Please give details of any such allergies, including required medical attention, numbers to call, etc.

5. Does your child have any special dietary needs? Please give details: Yes / No

6. Please provide any other information, and details of any issues or problems that the school should be aware of that might affect your child while away from home, or if we need to seek medical attention. This could include the following but are not limited to drug allergies, student or family medical history, etc.

7. Name of your primary care physician in Norway: _____

8. Does your child have medical insurance coverage outside of Norway? Yes / No

If so, may we have the policy information (Number, Member Name, Member ID, etc.)?

Contact Information in Case of Emergency:

Mobile Number: _____ Alternate Number: _____

Parent Signature: _____ Date: _____

IF ANY OF THIS INFORMATION CHANGES THROUGHOUT THE YEAR PLEASE CONTACT THE
SCHOOL IN ORDER TO CHANGE THE INFORMATION.