AMERICAN INTERNATIONAL SCHOOL OF ALGIERS

STUDENT EMERGENCY CONTACT & MEDICAL FORM

STUDENT'S NAME(S):

FAMILY NAME FIRST NAME(S)

HOME ADDRESS:

GENERAL HEALTH:

Does your child have any physical problems or illness of which the school should be aware? If yes, please explain. YES NO

MEDICATION:

Does your child take regular medication? If yes, please give details. YES NO

ALLERGIES:

Does your child have allergies? If yes, please give details. YES NO

VISION AND HEARING:

Does your child have any vision problems? If yes, please give details. YES NO

Does your child have any hearing problems? If yes, please give details. YES NO

IN AN EMERGENCY, PLEASE CONTACT (IN ORDER OF PRIORITY):

1. NAME: RELATIONSHIP: TELEPHONE:

2. NAME: RELATIONSHIP: TELEPHONE:

3. NAME: RELATIONSHIP: TELEPHONE:

4. NAME: RELATIONSHIP: TELEPHONE:

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO DROP OFF AND COLLECT MY CHILD(REN). THIS INCLUDES THE NAMES OF ANY DRIVERS. *PLEASE NOTE THAT WE MAY ASK FOR IDENTIFICATION*.

1. NAME:
2. NAME:
3. NAME
4. NAME

IF DRIVER, CAR TYPE AND LICENSE: _____

1) In the event of emergency treatment being required, should it prove impossible to make contact with the parents, I give the school to proceed with emergency treatment with a suitable doctor or hospital.

2) I also understand that I need to notify the office by 12:00pm if I give permission for my child to leave with someone not on the above list or with another AISA family.

_____ _____

Parent Name *Signature*

Date: _____