



The Trade School for Sustainable & Integrated Communities

**THE MIL SCHOOLS,
NUNG ETTE, IBESIKPO-ASUTAN L.G.A, AKWA IBOM STATE**

SCHOOL ENTRY HEALTH FORM

Name of child	Date of birth	Age	Gender
School	Section	Class	
Name of parent	Address of parent	Mobile # of parent	

Height Weight Body Temp

Passport photo

CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please tick in the box, the correct answer in the column on the left or right (Please explain any "Yes" answers in the space provided below)

1	Yes	<input type="checkbox"/>	Any concerns about general health (eating and sleeping habits, weights, etc)?	<input type="checkbox"/>	No
2	Yes	<input type="checkbox"/>	Any specific illness or social/emotional or behavioral problems?	<input type="checkbox"/>	No
3	Yes	<input type="checkbox"/>	Any allergies (food or insects or medication, etc)?	<input type="checkbox"/>	No
4	Yes	<input type="checkbox"/>	Any prescribed medication (daily or occasionally)?	<input type="checkbox"/>	No
5	Yes	<input type="checkbox"/>	Any problems with vision, hearing or speech (glasses, contact lens, ear tubes, hearing aids)?	<input type="checkbox"/>	No
6	Yes	<input type="checkbox"/>	Any hospitalization, surgery or major illness (specify problem)?	<input type="checkbox"/>	No
7	Yes	<input type="checkbox"/>	Any significant injury or accident (specify problem)?	<input type="checkbox"/>	No
8	Yes	<input type="checkbox"/>	Would you like to discuss anything about your child's health with the school nurse?	<input type="checkbox"/>	No
9	Yes	<input type="checkbox"/>	Would you like the school Nurse to administer First Aid to your child (which may include Paracetamol)?	<input type="checkbox"/>	No
10	Yes	<input type="checkbox"/>	To prevent cold occasionally, would you like to provide the School Cardigan for your child, as we strongly advise?	<input type="checkbox"/>	No

To Parent/Guardian: Please explain below any "Yes" answer from above

I am the Parent/Guardian of the child named above. I give permission for the information provided on this form about my child to be reviewed and utilized only by the staff of The MIL Schools, for the limited purpose of meeting my child's health and educational needs

Signature of Parent/Guardian

Date

(School Nurse)