

HEALTH FORM

If your child has any medical condition or chronic disease which requires medication, or which may affect his/her daily routine, please describe it here.

Allergies to drugs and/or foods :

Medications taken on a regular basis :

I hereby certify that the child named above has received the necessary immunisations.

PREFERRED MEDICAL CENTRE IN VIETNAM (if relevant) :

Name : _____

Address : _____

SPECIAL EDUCATIONAL NEEDS (SEN)

If your child has a vision or hearing impairment, please describe it :

Please describe any other Special Education Need :

FAMILY INFORMATION

Residential address in Vietnam :

Father's full name : _____ Nationality : _____

Contact phone number : _____ Second contact number : _____

Email address : _____

Mother's full name : _____ Nationality : _____

Contact phone number : _____ Second contact number : _____

Email address : _____

Student will be living in Ho Chi Minh City with (check all that apply) :

- | | | | |
|------------|--------------------------|------------|--------------------------|
| Father | <input type="checkbox"/> | Mother | <input type="checkbox"/> |
| Stepfather | <input type="checkbox"/> | Stepmother | <input type="checkbox"/> |
| Guardian | <input type="checkbox"/> | Other | <input type="checkbox"/> |

EMERGENCY CONTACT

Please give details of someone who can act on your behalf if there is an emergency and neither parent can be reached.

Name : _____

Relationship to parents : _____

Contact phone number : _____ Second contact number : _____

PERMISSIONS

Please tick to show that you consent to the following :

- I hereby consent to the the school nurse administering over-the-counter medications for symptom relief of minor illnesses
- I hereby consent to emergency hospital treatment for my child, at my expense.
- I hereby give permission for my child to participate in swimming activities.
- I hereby give permission for my child to participate in school outing activities.
- I hereby give permission for photographs of my child to be used for school advertising and marketing purposes.

PAYMENT INFORMATION (including Lunch & Transport)

Lunch requested : Yes / No

School bus service requested : District 2 Other district

Payment of Tuition Fees : Annually Bi-Annually (10% surcharge)

Payment by : Father Mother Company

Do you require a VAT Invoice? Yes No

Company Name (if payment by company) : _____

Contact Name : FAO _____

Address :

END
