



*Holy Trinity Academy of Calamba, Inc.*  
**A DEPED RECOGNIZED AND ESC CERTIFIED SCHOOL**  
 Brav. Barandal, Calamba City, Laguna  
 Contact Nos: (049)502-3785/0999-872-1945  
*Shepherding the Heart and Training the Mind*



## STUDENT HEALTH INFORMATION FORM

### SY \_\_\_\_\_ - \_\_\_\_\_

*(Although the situation in schools is still No to Face to Face Instruction, this still needs to be filled up as one of the requirements for recertification of our school.)*

Student Name:		Date of birth:
Sex: (Pls. check one.) <input type="checkbox"/> M <input type="checkbox"/> F	Grade Level:	Age:
In the event of an emergency, please provide name of person to contact:		Number/s:
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**Please circle Yes or No to the questions below:**

- Does your child have any medical conditions (i.e., asthma, seizures, cardiac problems, diabetes, etc.)?  
**YES    NO**  
 If yes, please explain: \_\_\_\_\_
  
- Is your child allergic to any medication, food or other substances? **YES    NO**  
 If yes, please describe reaction: \_\_\_\_\_  
 Medication prescribed for reaction: \_\_\_\_\_
  
- My child requires PRESCRIBED medications during school hours to be self-administered ? **NO    YES**  
 Administered by staff? **NO    YES**
  
- Does your child have a medical condition(s) that may affect his/her participation in the school activities?  
 (recent illness or injury, recent hospitalization or surgery, other concerns? **YES    NO**  
 Specify: \_\_\_\_\_  
 \_\_\_\_\_
  
- Is your child taking any daily medications? **YES    NO**  
 If yes, please list medications and reason for giving: \_\_\_\_\_
  
- Does your child wear glasses, contact lenses, hearing aids or other assistive devices? **YES    NO**  
 If yes, please specify: \_\_\_\_\_

- As a rule, we do not provide medications to the students. In case of high fever, though, may the school personnel/nurse give Paracetamol/Biogesic at his/her discretion if your child becomes ill at school?

**YES NO**

**Does the above-named student have a history of: (Please check all that apply.)**

	YES	NO		YES	NO		YES	NO
Measles			Convulsions			Epilepsy		
Mumps			Hearing problems			Diabetes		
Rubella			Vision problems			Ulcer		
Chicken Pox			Surgery			Pneumonia		
Allergies			Anemia			Cancer		
Asthma			Heart trouble			Anxiety(panic attacks)		
Skin problems			Tuberculosis			Other serious illness		

Please take note that if your son/daughter suffers with medical conditions such as asthma/severe allergy, he/she must bring his/her own medication (e.g. inhaler, allergy medication) with them to school and surrender it to the clinic before classes begin.

**Vaccinations(Has your son/daughter contracted any of the following diseases or has your son/daughter been vaccinated against them?)**

Disease	Contracted		Vaccinated	
	Yes	No	Yes	No
Measles				
Mumps				
Rubella(German measles)				
Chicken Pox				
Hepatitis A				
Hepatitis B				
Polio				
Tuberculosis				

Pneumonia				
Diphtheria and Tetanus				
Rotavirus				

**DECLARATION:**

The information supplied on this form will be regarded as confidential and shall be made available to the student's current teachers, administration staff and appropriate persons as deemed necessary by School Administration.

**IN CASE OF EMERGENCY:**

- I hereby give permission to qualified health personnel (the family physician, the school nurse, other outside emergency medical personnel or staff who possess a current first aid certificate) to provide treatment for my child.
- I accept that any costs associated with the administration of medical treatment shall be borne by the parent or guardian.
- I understand that data provided is subject to the Data Privacy Notice and Terms of Agreement of Holy Trinity Academy of Calamba, Inc.

Signature or Parent/Guardian over printed name	Date