

9	Student <b>I</b>	Medical	Form			
Student Name		Date o	of Rirth	Vear		
This information will be shared with be completed before your child is a inform us immediately if any inform	h all concerno able to start a	ed with you at Kajonkiet	ur child's welfare h International Sch	nere at schoo ool, Phuket (	l and must	
<b>Emergency Contact</b>						
Name	Contact Number					
Name	Home		Work	N	Mobile	
Mother						
Father						
Guardian						
Family Doctor Details						
Regular Doctor's name						
Hospital name						
Medical History						
1. Is the child taking and medical?		☐ No ☐ Yes -If yes, please explain				
Does the child have any known allergies? (Food, medications, insects, plants etc.)		☐ No explain				
3. Does the child have any important dietary preference?		No Yes - If yes, please explain				
4. Is your child able to fully participate in P.E./sport including swimming activities?		Yes No - If no, please explain				
5. Does the child experience any of the following? (please complete yes/no for every option)  Yes No					No	
Asthma						
Convulsion						

	Yes	No		
Diabetes				
Frequent Headache/Migraine				
Hearing Impairment				
Heart Condition				
Kidney Disease				
Rashes/ Skin problems				
Seizures				
Frequent stomach aches				
Travel sickness				
Vision Impairment				
Medical Form Agreement				
<ol> <li>Permission is hereby granted for emergency measures to be initiated in case of accident or sudden illness with understanding that I will be notified. I certify that all information given on this record is complete and correct.</li> </ol>				
<ol> <li>I understand and agree that in the event of an emergency, Kajonkiet International School, Phuket will make every effort to contact the parents or guardian. However, if this is not possible, the student will be taken to either his/her family doctor (if known) or to a suitable hospital, approved by the school for treatment.</li> </ol>				
<ol> <li>I understand that the school will provide accident insurance for my child. The insurance can cover up to 20,000 THB per accident which caused by during school hours or any school trips that are out of school's grounds.</li> </ol>				
Sign Pa	rent/Guardian			
(				
Date				