



Building Bridges Between Cultures

HEALTH FORM

Student's Last Name.....First Name.....Grade.....Date.....

Home Phone.....

Father's Cell Phone.....

Mother's Cell Phone.....

Emergency Contact Phone & Name.....

Medications the student takes regularly.....

Medications, foods, etc to which the student is allergic.....

Sight or hearing issues.....

Specific dental need.....

Physical condition or health problem of which we should be aware.....

Vaccination due during the school year.....

Other information we should have.....

I hereby authorize The American School of Marrakesh to take those steps deemed necessary to improve or maintain the health of the student.

In case of emergency when I (parent / guardian) cannot be reached, I authorize The American School of Marrakesh to take my child to:

- 1. Polyclinic du Sud
- 2. Other Clinic or Hospital (give name).....

Name of Doctor or Pediatrician.....

Phone number of Doctor or Pediatrician.....

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Date

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Parent Signature