

Secondary School

International Award Coordinator: P. Cosgrove

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MEDICAL FORM FOR RESIDENTIAL TRIPS

Title and destination of trip: International Award Bronze Expedition, Eskişehir

Date and times: Friday 3rd – Sunday 5th June 2011

Student Name: _____ **Date of Birth:** _____

Passport Number: _____

Please fill in the required information below.

1. Medical History. Please disclose past diseases, psychosomatic sicknesses and any other detail related to your child.

2(a) Medical Information about your child.

Does your child have any condition that requires medical treatment, including medication?

If yes, please give details:

2(b) Medication Allowed. Please indicate the pain/flu medication you authorize the school to give to your child if necessary

2(c) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? If yes, please give details.

2(d) Is your son/daughter allergic to any medication? If yes, please specify:

2(e) Is your son/daughter allergic to any food and do they have any special dietary requirements?

3. Emergency Contact Information.

Contact Name: _____

Work: _____

Home/Mobile: _____

Home Address:

Alternative Contact Name: _____

Work: _____

Home/Mobile: _____

Home Address:
