

## Health Record Form

### Parents are requested to give the following questions their careful attention.

*(Vi preghiamo di prestare attenzione alle seguenti domande)*

Student's name in full .....

*(Nome e cognome dello studente)*

Male (*maschio*)  Female (*femmina*)  Date of Birth (Day/Month/Year)(*data di nascita, giorno, mese, anno*) .....

### Please give dates whenever possible

*(Indicare le date dove possibile)*

#### HEALTH INFORMATION

*(Informazioni mediche)*

##### 1 Allergies

Does your child have any allergies? Including food, drugs, plants, animals, insects? Are certain foods prohibited for medical reasons?  
*(Lo studente ha qualche allergia? Alimenti, medicinali, piante, insetti o animali? Ci sono degli alimenti che non può mangiare?)*

yes  no  Please give details .....  
*(Fornire dettagli)*

Medication for the allergy: .....

*(Medicinali per le allergie)*

##### 2. Medication

Does your child take any medication on a daily basis?

*(Lo studente assume quotidianamente dei medicinali?)*

yes  no  Please give details .....  
*(Fornire dettagli)*

##### 3. Treatment

Is your child receiving current or ongoing treatment for any medical, surgical or psychological condition?

*(Patologie particolari)*

yes  no  Please give details .....  
*(Se si fornire dettagli)*

##### 4. Participation in Physical Activities

Is there any reason your child cannot participate in Physical Education classes or interscholastic sports?

*(Può partecipare a tutte le attività sportive)*

yes  no  Please give details and attach physician statement .....  
*(Se no, fornire i dettagli)*

##### 5. Student Health History

Does your child have any of the following? If yes, please select "yes" and supply details such as specific diagnosis and current treatment.

*(Malattie ricorrenti, selezionare quali dall'elenco e fornire i dettagli relativi a diagnosi e terapia)*



Seizure disorder / epilepsy (*epilessia*)  
(*please contact nurse for details*)

yes  no

Please give details .....  
(*Se si fornire dettagli*)

**6. Frequent Headaches**  
(*Mal di testa frequenti*)

yes  no

**7. Visual Difficulties**  
(*Problemi alla vista*)

yes  no

**8. Hearing Difficulties**  
(*Problemi di udito*)

yes  no

**9. Diabetes** (please contact the nurse with details)  
(*Diabete*)

yes  no

**10. Orthopedic Problems**  
(*Problemi Ortopedici*)

yes  no

**Please attach the Vaccination / immunization record:**  
(*Allegare Elenco Vaccinazioni Obbligatorie*)

**OTHER INFORMATION**

Please specify any other health/medical information that could help us understand the applicant's health needs:  
(*Cortesemente fornire I dettagli di alter eventuali patologie qui non elencate*)

.....  
.....  
.....  
.....  
.....  
.....



**I hereby authorize the school to administer the following medicines:**

*(Autorizzazione alla somministrazione dei seguenti farmaci)*

**Medicine Authorization**

Benagol	yes <input type="checkbox"/>	no <input type="checkbox"/>
Enterogermina	yes <input type="checkbox"/>	no <input type="checkbox"/>
Reactinfargan Cream	yes <input type="checkbox"/>	no <input type="checkbox"/>
Euphralia eye drops	yes <input type="checkbox"/>	no <input type="checkbox"/>
Arnica Gel	yes <input type="checkbox"/>	no <input type="checkbox"/>
Ciderma Cream	yes <input type="checkbox"/>	no <input type="checkbox"/>

**Medical Authorization 2**

Paracetamol (Tachipirina)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Ibuprofene (Moment)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Biochetasi	yes <input type="checkbox"/>	no <input type="checkbox"/>

(Vitamins and mineral salts for nausea, antacid)

**Every endeavor will be made to contact parents, but in order to avoid delay, do you give your permission for your child (or ward) to receive first aid from the Hospital 'Pronto Soccorso'?**

*(Nel caso i genitori non possano essere reperiti ed in caso di necessità, autorizzo la scuola a rivolgersi al Pronto Soccorso)*

yes  no

**Person to be contacted in case of emergency:**

*(Persone da contattare in caso di emergenza)*

Name (*nome*): .....

Emergency Telephone (*n. telefono*): .....Alternative (*altro*): .....

.....

Date (*data*)

.....

Signature of Parent/Guardian (*firma del genitore o del custode legale*)