

Pupil Medical Record

(Note: Information contained in this section will not prevent your child from taking PE lessons unless further medical advice warrants exclusion)

Name:		NRIC:
Date of Birth:	Sex: Male/Female	Class:

Medical Condition	Yes/No	Special Instruction for Emergency
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Other relevant medical information		

I authorize the teacher and instructors to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above pupil.

I submit the attached medical information concerning my child which includes details of limitations that he/she has for activities concerned.

Doctor's Name:	Parent's/Guardian's Name:
Doctor's Contact Number:	Parent's/Guardian's Contact Number:

Parent's/Guardian's Signature

Date