



# INTERNATIONAL NURSERY

## HEALTH INFORMATION FORM EMERGENCY HEALTH RECORD (To be filled out by Parent)

Form No: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex:  Male  Female  
(Last Name) (First Name) (Middle Initial)

Address: \_\_\_\_\_  
\_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YY)

Delivery:  Natural  Forceps Delivery  Caesarian

Parent's / Guardian's Name: \_\_\_\_\_ Resi. Tel. No: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_ Office : \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_ Office : \_\_\_\_\_

In case of emergency , If parents or guardian is not immediately available contact :

Friend or Relative's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

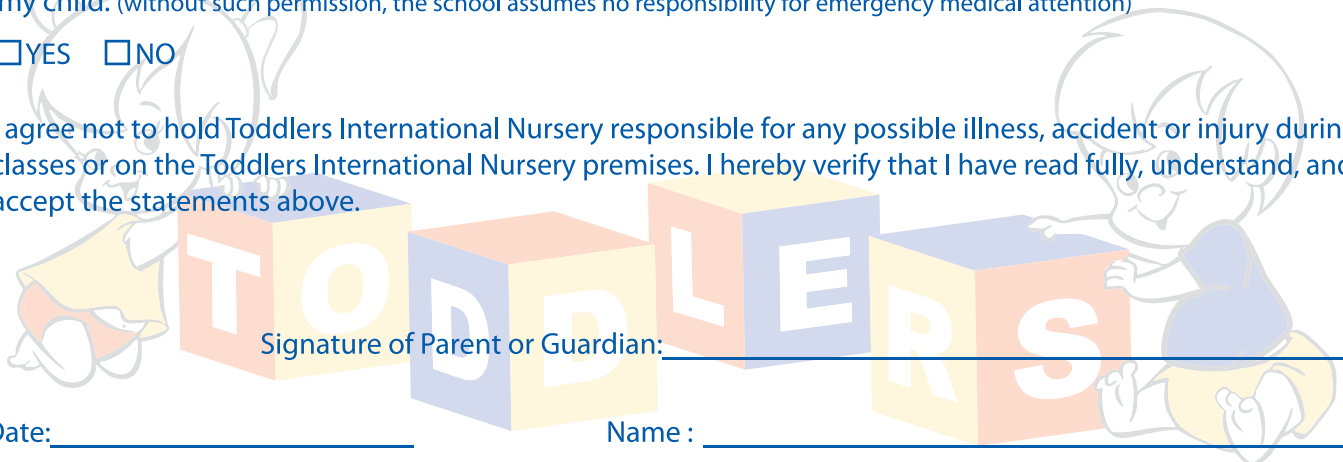
Family Physician's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Hospital: \_\_\_\_\_ Contact No: \_\_\_\_\_

In case of emergency, the school may call the family physician or any other available physician to examine my child. (without such permission, the school assumes no responsibility for emergency medical attention)

YES  NO

I agree not to hold Toddlers International Nursery responsible for any possible illness, accident or injury during classes or on the Toddlers International Nursery premises. I hereby verify that I have read fully, understand, and accept the statements above.



Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name : \_\_\_\_\_