 **MEDICAL INFORMATION**

STUDENT

ID

PHOTO

HERE

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT First Name** | **Middle Name** | **Family Name** | **Applying for Grade** |
|  |  |  |  |
| **Date of birth** | **Sex:** | **Nationality:** |
|  **dd/** | **mm/** | **yy/** |  |  |

**PARENT INFORMATION**

|  |  |
| --- | --- |
| **Parent 1** Last Name / First Name | **Parent 2** Last Name / First Name |
|        |        |
| Permanent Address in France *(please pencil in temporary address)*  |
|                 |
| Email 1:      @      | Cell Parent 1: |       |
| Email 2:      @      | Cell Parent 2: |       |

|  |
| --- |
| **EMPLOYER INFORMATION Parent 1** |
| Employer Name:       |
| Office city / country:       |
| Work email:      @      | Work telephone:       |
| **EMPLOYER INFORMATION Parent 2** |
| Employer Name:       |
| Office city / country:       |
| Work email:      @      | Work telephone:       |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT 1**Name:       | **EMERGENCY CONTACT 2**Name:       |
| Address:       | Address:       |
|  |  |
| Telephone Cell:       | Telephone Cell:       |

***In case of accident or emergency, the School Nurse will attempt to contact one of the persons above. If no one can be reached and she deems it necessary, your child will be taken to a hospital for treatment.***

**AUTHORIZATION FOR SURGICAL PROCEDURES**

We, the undersigned,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize our child \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(LAST/FIRST name)*

to receive anesthesia in the event of an accident or other emergency warranting a surgical procedure.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |       |

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