

ASUNCION CHRISTIAN ACADEMY

Av. Santísimo Sacramento 1180
Asunción, Paraguay
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FE010E

MEDICAL QUESTIONNAIRE

CONFIDENTIAL

Dear Parents:

Please complete this questionnaire and give it back to the Academic Secretary for your child's file. This information will allow us to provide the best care for your child.

Last Name: _____

Name: _____ New Grade Level: _____

Birthdate: Age _____ Sex _____
Day Month Year

In case of emergency, and if the parents cannot be reached, call:

Name: _____ Telephones: _____

IN CASE OF EXTREME EMERGENCY, WHEN TIME WOULD NOT PERMIT TO CONTACT THE PARENTS OR OTHERS, THE SCHOOL WILL TRANSPORT YOUR CHILD FOR IMMEDIATE ASSISTENCE AT THE EMERGENCY ROOM OF THE BAPTIST HOSPITAL, AVDA. REP. ARGENTINA ESQ. CAMPOS CERVERA, PHONE NUMBER 600-171.

Is your child sufficiently healthy to participate in Physical Education and sports activities? Yes No

If not, explain: _____

- ◆ Have eyeglasses been prescribed? Yes No
- ◆ Does the child have to use them all the time? Yes No
- ◆ Does your child suffer from allergies? Yes No

If yes, please specify _____

Is your child taking any medicine or undergoing any treatment? Yes No

If yes, which medication? _____

For what purpose? _____

Name of the Pediatrician or Family Doctor: _____

Telephone, Beeper, Cell Phone: _____

Please provide the school with any other information related to your child that the school should know in providing him/her with a safe and successful learning environment:

Special Note: Parental permission is required for our school's medical officer and/or any other faculty member to administer medication of any kind. Your signature below provides this authorization.

Father

____/____/____
Date

Mother