

# ACS ESOE Medical Information Sheet

Student Name – Please Print: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Parent/ Legal Guardian: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (Cell#): \_\_\_\_\_  
Guardian's Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
If Unable to Contact the Above, Call (Name): \_\_\_\_\_  
Telephone: \_\_\_\_\_ (Cell#): \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Insurance Co. and Policy Holder: \_\_\_\_\_  
Policy/ Account Number: \_\_\_\_\_

## Medical Information at a Glance

1. Can you swim? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_
3. CPR or First Aid certification (Red Cross or equivalent)? (Not Required):  
CPR \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
First Aid \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. Are you allergic to beestings or other antigens that cause anaphylaxis (nuts, shellfish, insect bites, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, do you carry an EpiPin? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you currently on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please list: \_\_\_\_\_
6. Are you allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please list: \_\_\_\_\_
7. Blood Type: \_\_\_\_\_
8. Major surgery in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please list: \_\_\_\_\_
9. Please list any acute or chronic medical conditions: \_\_\_\_\_  
\_\_\_\_\_
10. Do you have any special dietary needs? Please list: \_\_\_\_\_
11. Have you been vaccinated for yellow fever? Yes \_\_\_\_\_ No \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## Signatures:

I hereby give permission for the staff of ACS to seek appropriate medical attention for the student, and for medical attention to be given in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Sign)

I certify that the information that I have provided above is accurate to the best of my knowledge.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Sign)