



NUCLEUS INTERNATIONAL SCHOOL

HEALTH & EMERGENCY FORM

Parents, this form is for office purpose only. Please fill in as much information as you know.

Student Full Name _____ DOB _____ Age _____

Grade _____ Gender _____

Home Address _____

Parent Name _____ Phone number _____ Relationship _____

Parent Name _____ Phone number _____ Relationship _____

Height _____ Weight _____ Blood Group _____

Eye color _____ Vision _____ Hair Color _____

Any Food allergies _____

Any Medical Conditions Yes No If Yes, can we know _____

Does the child use any medication regularly? Yes No

How healthy does child feel on a scale of 1 to 10? _____

How often does child go to the hospital? _____

How often does child exercise/Play an outdoor sport? _____

Does the child use any medication regularly? _____

How many servings of fruit/vegetable, does the child eat per day? _____

Doctor & Health Insurance Details

Family Doctor's Name _____ Doctor Phone Number _____

Hospital Name _____

Hospital Address _____

Insurance Details :

Name of Insurance _____

Policy Number _____

Type of Insurance _____