ISTANBUL INTERNATIONAL COMMUNITY SCHOOL

IICS SINCE 1911

Medical Treatment Permission Form

This form needs to be completed and signed by the students and their parents/guardians. Failure to fully complete this form and return it signed may mean exclusion from school trips, team practices, boosters, and games.

I hereby give my permission for IICS Staff to seek medical treatment at the nearest available/appropriate medical center for my son/daughter in the case of an injury or illness, which is incurred while participating in school sponsored activities on and off campus.

This permission is given in case I cannot be reached to give my consent to emergency services.

Parent/Guardian Signature: _____ Date: _____
Cell:_____

STUDENT INFORMATION

1. Are you currently on medication? Yes/No If yes, explain what it is.

2. In the case of injury have you ever had an operation or an injury that your teacher or emergency personnel should know about? Explain.

3. Have you had sports related injury that needs to be monitored? (For example, back, knee, head or neck injuries)

4. Do you have allergies? Yes/No If yes please list.

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5. Are you epileptic? Yes/No

6. Do you wear contact lenses? Yes/No

7. Do you suffer from asthma? Yes/No

8. Are you diabetic? Yes/No

9. Is there is anything else we should know regarding your child's health condition?

Parents/Guardians Name: _____ Signature: _____Date:_____

Student's Name:_____ Signature:_____ Date:_____