

GLOBAL CHRISTIAN FOREIGN SCHOOL

◆ MEDICAL CERTIFICATE ◆

Office of Admissions ◆

admissions@gcfskorea.org ◆

02.797.0234

STUDENT INFORMATION

Student's Name : _____

Birthdate (MM/DD/YYYY) : _____ Grade : _____ Gender : M F

Height : _____ Weight : _____ Vision (Right) : _____ Vision (Left) : _____

Past Medical History : _____

PHYSICAL EXAMINATION

HEENT (Head, Ears, Eyes, Notes, Throat) : _____

Chest & Lung : _____

Heart : _____

Gastrointestinal : _____

Skin : _____

Neuropsychiatric : _____

Others : _____

LABORATORY FINDINGS

Urinalysis : _____

CBC c plt. : _____

Routine Chemistry : _____

HBs Ag : _____

Anti-HBs : _____

PPD : _____

Chest PA : _____

CONCLUSION AND / OR DIAGNOSIS

Examined by : _____

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◆ MEDICAL PERMISSION FORM ◆

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The school policy states that a student should stay home when he/she is running a fever of 100 or higher, as he/she may be contagious. If a student is recovering or has minor aches, we advise that he/she comes to school in order to keep up with the school work. We would like to get your permission to administer simple medication at school for the student's convenience. Please check the ones you approve.

Medicine	Use	I Approve	I Don't Approve
Children's Tylenol	to relieve headache, pain, fever		
Tylenol (full strength)	to relieve headache, pain, fever		
Liquid cough medicine	to suppress cough		
Mylanta	for indigestion, acidic stomach		
Anti-diarrheal medicine	to relieve diarrhea		
Benadryl	to relieve allergies-hay fever		

Allergies to medications : Yes No

If yes, please list the name(s) of medication : _____

Medical conditions : _____

EMERGENCY CONTACT

I understand that Global Christian Foreign School will immediately contact the parent or guardian in the event of an emergency. If I cannot be contacted, I authorize Global Christian Foreign School to implement practical, necessary measures to secure the health and safety of my child. Such necessary measures may include hospitalization and care by medical professionals.

Emergency Contact : _____
Name Relationship Phone #

Name Relationship Phone #

Health Insurance Company : _____ No : _____

Parent/Guardian Name (Please Print) : _____

Parent/Guardian Signature : _____ Date : _____