



Cebu International School

Pit-os, Cebu City, Philippines 6000
(032) 261-0247 | cis.edu.ph

HEALTH REGISTRATION & AUTHORIZATION FORM

Name _____ Grade Level _____ SY _____
Last First M.I.

Name of Parent/Guardian _____
Last First M.I.

Contact Numbers: Mobile _____ Landline _____
 Other People to Contact in Case of Emergency: _____

Name and Phone Number _____

Name and Phone Number _____

Doctor's name & contact number _____

Dentist's name & contact number _____

Please indicate if the child has had any of the following
 If yes to any of the below mentioned, please give medical condition.

FOOD Allergies	MEDICINE Allergies	OTHER Allergies

Medical Condition	Yes	No	Age/ Details/ Medication
Chickenpox			
German Measles			
Mumps			
Rheumatic Fever			
Polio			
Scarlet Fever			
Pneumonia			
Tuberculosis			
Pneumonia			
Others (specify)			
Any history of mental illness			
Normal delivery at birth			
Speech disorders (sluttering), dysphonia, lisp, etc.			
Hearing disorders (deafness, conductive, hearing loss, etc)			
Learning disability (dyslexia, ADHD/ADD, etc)			

	Yes	No
Do you wear contact lenses?		
Do you wear eyeglasses?		
Do you wear hearing aid?		
Do you use a wheelchair?		
Do you wear orthodontal? (braces, retainers)		
Any immediate family with asthma?		
Any immediate family with hypertension?		
Any immediate family with diabetes mellitus?		
Any immediate family with convulsion/epilepsy		
Have you been hospitalized anytime in the last 3 years		

At what age did you have your first menstruation?
 (for female applicants only) _____

Vaccination History

Note: For Returning Students – This is a way to update your immunization record that you made available at CIS Clinic. Please indicate below vaccination/s received from August 2016 to July 2017 only.

Vaccines	Date Given
BCG	
Varicella	
Hepatitis A	
Pneumococcal	
Hepatitis B 1 st shot	
Hepatitis B 2 nd shot	
Hepatitis B 3 rd shot	
Hepatitis B 4 th shot	
DPT 1 st shot	
DPT B 2 nd shot	
DPT B 3 rd shot	
DPT B 4 th shot	

Vaccines	Date Given
MMR 1 st shot	
MMR B 2 nd shot	
MMR B 3 rd shot	
MMR B 4 th shot	
Polio 1 st shot	
Polio B 2 nd shot	
Polio B 3 rd shot	
Polio B 4 th shot	
Influenza B	
Influenza	

State if child was hospitalized. Give complications, if applicable.

PHYSICIAN’S SUMMARY AND RECOMMENDATIONS – This is to certify that the student above is physically fit to participate in Physical Education activities that are required in the curriculum, including extracurricular activities that are part of the school program.

Physician’s Name & Signature	Date	License Number	Phone Number

ACKNOWLEDGMENT: Cebu International School provides a full-time Nurse in its clinic to address minor medical service(s) during the school day. I shall supply copies of any supporting documents for medical diagnosis, indicated on this form, to the School.

In the event that my child needs emergency medical care and I cannot be contacted, I give permission for CIS authorities to act on my behalf. I authorize them to sign any necessary medical release forms required by local hospitals

Parent or Guardian Name & Signature	Date

MEDICATION AUTHORIZATION

- () I authorize the school nurse to administer the medication.
 () I do not authorize the school nurse to give any medication.

Description and Type of Medication	Brand Name/Dosage	Approval for Nurse to provide if Needed	
		YES	NO
Analgesic/Pain Relievers – Paracetamol	Biogesic Tablet 500 mg		
Antipyretics/Relief of Fever – Analgesic/Pain Paracetamol	Tempra Syrup 120 mg/5 ml		
Antipyretics/Relief of Fever – Analgesic/Pain Paracetamol	Calpol Syrup 120 mg/5 ml		
Mefenamic Acid	Ponstan Tablet 250 mg/5 ml		
Mefenamic Acid	Revalan Tablet 500 mg		
Cough and Cold Remedy Guaifenesin, Phenylpropanolamine, Dextromethorpan	Tuseran Capsule		
Cough and Cold Remedy Paracetamol, Phenylpropanolamine	No – Drowse Decolgen		
Cough and Cold Remedy Dextromethorpan, Guaifenesin	Robitussin – DM Syrup		
Cough and Cold Remedy Bromhexine Hydrochloride	Bisolvon Syrup 4 mg/5ml		
Nasal Decongestant Paracetamol, Phenylpropanolamine	Neozep Tablet		
Cough and Cold Remedy Bromhexine Hydrochloride	Bisolvon Syrup 4mg/5ml		
Nasal Decongestant Paracetamol, Phenylpropanolamine	Neozep Tablet		
Nasal Decongestant Phenylpropanolamine, Chlorphenamine, Maleate, Paracetamol	Neozep Tablet		
Mucolytic Carbocisteine	Loviscol Syrup 100 mg/5ml		
Expectorant/Anti Asthma – Salbutamol, Guaifenesin	Ventolin Expectorant Syrup		
Anti-Acids/Antacids – Magnesium Hydroxide, Aluminum Hydroxide	Maalox Suspension		
Anti-Acids/Antacids – Magnesium Hydroxide, Aluminum Hydroxide	Kremil-S Tablet		
Muscle Pain Reliever – Ibuprofen, Paracetamol	Alaxan		
Muscle Pain Reliever – buprofen	Midol Tablet		
Anti-fungal – Bethamethasone, Gentamycin Sulfate, Tolnaftate, Clioquinol	Quadri-derm Cream		
Antipuritic/Anti-Itch – Calamine, Diphenhydramine	Caladryl Lotion		
Antipuritic/Anti-itch – Gentamycin Sulfate, Tonaftate, Clioquinol	Quadri-derm Cream		
Anti-Burn/Antibacterial – Silver Sulfadiazine	Flammazine Cream		
Anti-Burn/Antibacterial– Bethamethasone, Gentamycin Sulfate, Tolnaftate, Clioquinol	Quadri-derm Cream		
Antidiarrheals – Loperamide	Lomide		
Antidiarrheals – Loperamide	Imodium		
Mouth/Throat Preparations – Hexetidine	Bactidol Gargle		
Mouth/Throat Preparations – Anthraquinone glycosides, salicylic acid	Pyralvex Solution		
Mouth/Throat Preparations – Dichlorobenzyl Alcohol, Amylmetacresol	Strepsils Lozenge		

Name & Signature of Parent or Guardian

Date