



ÖZEL İSTANBUL KOLEJİ

1991

STUDENT HEALTH INFORMATION FORM

STUDENT INFORMATION

NAME SURNAME	:	
CLASS	:	TERM : 1718
GENDER	:	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
ALLERGY:	:	
FOOD/INSECT/OTHER	:	
ALLERGIC REACTIONS	:	

FIRST AID PROCEDURES IN CASE OF EMERGENCY

CONTACT PERSONS	:	1
Name-Surname / Phone /	:	
Relation to Student:	:	2
(ORDER OF PRIORITY)	:	3
MEDICATIONS TO BE APPLIED	:	
HOW TO APPLY	:	

PHYSICIAN TO BE CONTACTED

NAME AND SURNAME	HOSPITAL NAME	MOBILE PHONE NO.

Student's self awareness towards his/her medical conditions, his/her avoidance of food and other substances that he/she is allergic to, and informing his/her friends about the medical vulnerabilities will considerably reduce the risk of any complications.

ÖZEL İSTANBUL KOLEJİ will show the utmost care and attention to prevent the emergence of any allergic conditions stated in this form. However, I am aware of all the possible risks and will not hold ÖZEL İSTANBUL KOLEJİ responsible for them.

FATHER'S NAME AND SURNAME

MOTHER'S NAME AND SURNAME

SIGNATURE

SIGNATURE

DATE

DATE