Tabung Ekonomi Gagasan Anak Sarawak

STEM ground

STUDENT HEALTH DECLARATION FORM

FOR PARTICIPATION IN CO-CURRICULAR ACTIVITIES

ACTIVITY NAME			
DATE AND VENUE OF PROGRAM			
LEVEL OF ACTIVITY			
FULL NAME OF STUDENT			
IC NUMBER			
GENDER			
HOME PHONE NUMBER		**GUARDIAN'S MOBILE PHONE NUMBER**	

MEDICAL RECORD:

Have you received immunization against Tetanus? (Tick)	Yes	No
If yes, please state the date you last received the immunization		

PLEASE TICK √ IF "YES" AND MARK X IF "NO" IN THE APPROPRIATE BOX:

Have experienced severe dizziness or headaches		Have undergone surgery on the body	
Have had breathing problems or asthma		Have had epilepsy (seizures)	
Allergic to stings/venom, seasickness medicine		Have experienced diabetes and high blood pressure	
Have experienced bone injury		Have experienced seasickness or motion sickness	
Have experienced heart disease		Have experienced kidney problems	
In the past one month, have you had any infectious disease or diarrhea?			
Blood Type: A ☐ B ☐ AB ☐ O ☐ Rhesus: RH+ ☐ RH- ☐			

PLEASE PROVIDE DETAILED INFORMATION IF THE ABOVE HEALTH ISSUES ARE RELEVANT TO YOU

If you answered Yes to ANY of the above questions, please provide detailed information in the space provided. Please state if the current or previous condition requires special attention during the activity. Attach additional paper if the space provided is insufficient.

B. PARENT/GUARDIAN CONSENT FORM

I, _____

(IC Number: _____) parent/guardian of the student named _____ in Year/Form _____, studying at the school [Full address] _____ hereby consent for my child to participate in _____ held from _____ to _____ at _____.

2. I understand that all safety measures have been and will be taken by the organizer. Nevertheless, I acknowledge that my child must comply with the rules and instructions throughout the activity/program, including during the journey to and from the venue.

3. I also give consent for my child to be given treatment/medical care/surgery if the situation requires immediate action to do so.

4. I hereby also give permission to the organizer to record the image and/or voice, and to use the artistic and/or written work of my child/ward, in video recordings, films, photographs, digital media, and in any form of electronic or print medium, and to edit or record at their discretion.

Thank you.

Yours sincerely,

Signature : _____

Name : _____

IC Number : _____

Occupation : _____

Full Home Address : _____

Telephone : [Home] : _____
[Office] : _____
[HP] : _____

School Confirmation

_____

( )

Signature of Principal/Headmaster

Position Stamp:

Date: _____ **School Stamp**