St BENEDICT COLLEGE

Skola Sekondarja
Triq San Ġwann,
Ħal Kirkop KKP 9011, Malta
Tel: 25984400

Secondary School
St John Street,
Kirkop KKP 9011, Malta
Tel: 25984400

Information on Student's Health

All data is collected and processed in accordance with the Data Protection Act 2001. This information is needed for School administration purposes and for the benefit of the student.

A. Personal Details of Student

Stick a student's photo in the space provided

Surname: ______________________________

Name: _________________________________

Date of Birth: _________________________

Address:

____

Locality: ________________________ **Post Code:** ________________________

Telephone No: *(parents/guardians)* ______________________________________

Mobile No: *(parents/guardians)* ______________________________________

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B. Contacts in Case of Emergency

Contact 1

Surname ______________________________ Name _________________________

Relation with student ________________________

Telephone No ______________________ Mobile No ______________

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Contact 2

Surname ________________________________ Name _________________________

Relation with student _________________________

Telephone No _______________________ Mobile No _______________

C. Health Details

1. The student suffers from a medical condition indicated hereunder? (Mark ☑ where applicable)

	Suffers	Details (where applicable)
Respiratory conditions (asthma, bronchite)	☐	________________________________
Diziness	☐	________________________________
Fainting	☐	________________________________
Frequent headaches	☐	________________________________
High / Low Pressure	☐	________________________________
Diabetes	☐	________________________________
Eye/eyesight conditions •	☐	________________________________
Allergies •	☐	________________________________
Intestine problems/stomach/liver •	☐	________________________________
Heart Problems •	☐	________________________________
Disability •	☐	________________________________

Others: ____

____

• Explain in detail the type of condition. _______________________________________

2. The student is given cure for this condition? **Yes** ☐ **No** ☐

If cure has to be taken for long time and within school hours, the form EHS 14 has to be filled and can be obtained from the school. Without this form the student cannot benefit from the service.

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D. Consent for the administration of medical care *

*(applies for cure that need to be taken for short time)

We, parents of ____________________________ give consent to be given medical cure as indicated by the doctor in case of emergency and/or in our absence.

______________________________ ______________________________

Parent's Signature / Guardian ID Card No.

I, the undersigned give my consent to the Head of School to process and keep data and information given solely for school purposes.

I understand that:

- If no data or information is given to the school student's health can be at risk.
- I have to be responsible to inform the school immediately in case of any changes in the information given above.
- Authorized personnel can access the information to protect the student's health.
- In case of emergency, details concerning the student can be passed on to the authorized persons.
- The information given can be processed for statistic use however the student shall remain anonymous.

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Parent's Signature / Guardian

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ID Number

____

Date