

Does any condition affect or limit your child's full participation in physical education classes, sports, or school trips?

Yes No

Please explain if Yes:

PERMISSION FOR GIVING SYMPTOMATIC RELIEF

I give permission for my child to be given over-the-counter medicines for symptomatic relief at the discretion of the nurses:

Yes No

Parent Signature _____ Date _____

PERMISSION FOR EMERGENCY TREATMENT

In the event that I cannot be reached in an emergency, I give permission for my child to receive emergency medications and treatment including transport to the most accessible hospital, as deemed necessary by the school authorities.

Parent Signature _____ Date _____

Note: The school cannot be held accountable for injuries during physical education classes arising from accidents that occur through no fault or negligence on the part of the school. The school does not carry medical insurance or insurance for medical and other costs arising from such accidental injuries.

IMMUNIZATIONS

A copy of the student's official immunization record (including annual updates) is required (and must be translated into English if applicable). All students enrolled at AIS must be immunized according to the recommended schedules of the United States and Israel (see USA schedule on back - Israeli schedule is comparable).

All AIS students must submit a certificate of immunization form completed by a Physician verifying the fulfillment of all immunizations in compliance with US standard regulations. AIS requires that by age 6 years old, each child will have received:

1. Series of (5) five diphtheria, tetanus, pertussis vaccines
2. Series of (4) four polio vaccines
3. Two (2) measles& mumps, rubella (MMR)
4. BCG vaccine or negative Tuberculosis test

**Immunization Information from
<http://www.cdc.gov/vaccines/recs/schedules>**