



Student Health information

This information will be used for all trips outside of school including residentials, sports fixtures and international award expeditions.

1. MEDICATION INFORMATION

Please provide details of any medication your child is currently taking, including the name, dosage, and schedule. This helps our staff support your child's health needs both during school hours and during off-campus activities.

2. ALLERGIES

Please provide details of any allergies your child may have, including food, medication, insect stings, or environmental triggers. Accurate information allows us to prevent allergic reactions and respond promptly should one occur, both during school hours and during off-campus activities.

3. VACCINATION HISTORY

Vaccination records help us take appropriate measures in case of infectious disease outbreaks, ensuring the health and safety of all students.

In the event of an injury, knowing your child's vaccination status—especially for tetanus, that allows us to determine the necessary treatment quickly.



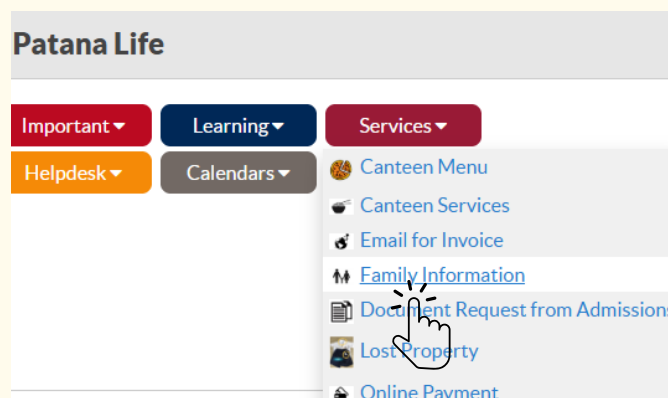
Contact us
02 785 2478-2479

E mail
nurse@patana.ac.th

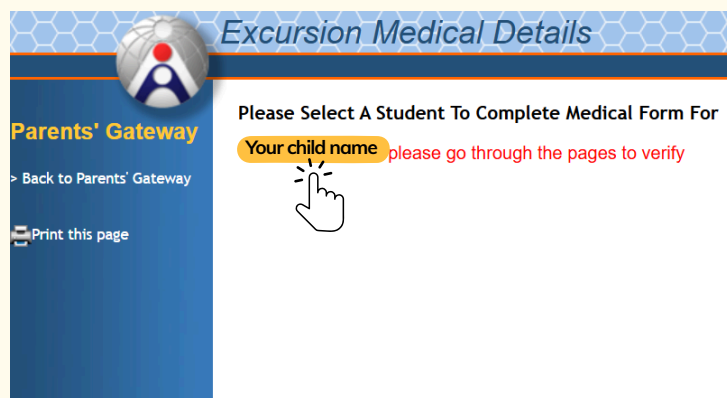


How to update medical condition

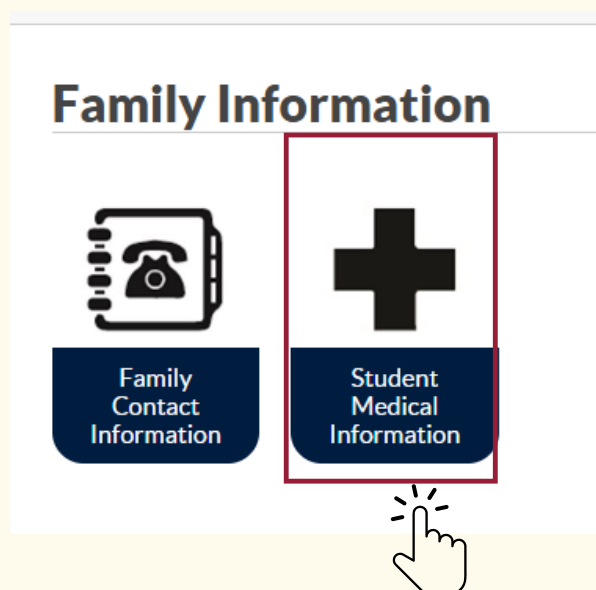
1. Go to BPS firefly webpage and Click on **services and Family information.**



3. Click on Your **child name.**



2. Click on **Student Medical Information.**



4. Fill the medical information, When you have finished please ensure that you press the **blue button** at the bottom of each page.

Please check the following details for expeditions. When you have finished please ensure that you press the green button at the bottom of each page.

SECTION 1 :: MEDICAL INFORMATION

1. Is taking any medication? ☒ No ☐ Yes

2. Does have any known allergies? (Food, Medication, Insect Bites, Etc.) ☒ No ☐ Yes

3. Has recently been vaccinated against the following (select as appropriate)

Vaccine	Yes/No/Not Certain	Date
Tetanus	<input type="radio"/> No or Not Certain <input checked="" type="radio"/> Yes	September 2011
Hepatitis A	<input type="radio"/> No or Not Certain <input checked="" type="radio"/> Yes	May 2014
Hepatitis B	<input type="radio"/> No or Not Certain <input checked="" type="radio"/> Yes	January 2012
Rabies	<input type="radio"/> No or Not Certain <input checked="" type="radio"/> Yes	January 2020
Japanese Encephalitis	<input type="radio"/> No or Not Certain <input checked="" type="radio"/> Yes	April 2013

*[Japanese Encephalitis is another injection that you may wish your child to have particularly for visits to the North of Thailand]

4. Does experience any of the following (Please complete yes/no for every option)

Condition	Yes/No
Asthma / Hay Fever	<input checked="" type="radio"/> No <input type="radio"/> Yes
Convulsions	<input checked="" type="radio"/> No <input type="radio"/> Yes

5. Are there any other conditions suffers from.

None.

6. Please detail any relevant surgical operations that has undergone.

None.

7. Is "fit to play" in Physical Education classes, Extra Curricular Activities and Competitive Sports? [view documents](#)

เหมาะในการเล่นวิชาพลศึกษา กิจกรรมหลังเลิกเรียนภาคบ่าย และการแข่งขันกีฬา ใดๆหรือไม่? ☐ No ☒ Yes

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