



Matija Gubec Primary School
Croatian School in the English Language
Davorina Bazjanca 2
Zagreb, Croatia
www.os-mgubec.hr

STUDENT HEALTH RECORD

- ✓ This form should be completed prior to Admission and returned to school.
- ✓ Please answer all questions regarding the health of your child and keep in mind that all information will be kept confidential.

Family name			
First name			
Sex (F/M)		Date of birth	
Home address			
Mother/Guardian's name		Phone	
Father/Guardian's name		Phone	
Emergency contact name		Phone	
Doctor's name		Phone	

In case of an emergency, should we need to take your child to the hospital:		
We can call an ambulance	YES	NO
Do you have a health insurance valid in Croatia?	YES	NO
If yes, please provide a copy of your child's health insurance card (front and back side of it).		
Name of your insurance company		

Medical release and permission to treat
<p>In case my child becomes acutely ill or injured while on site at Matija Gubec Primary School or a school trip, the school is granted my permission to request medical assistance. I understand that the staff members of the school will take all necessary precautions at their disposal to provide the safety for my child, but they cannot be held responsible for my child falling ill or injured while attending the school classes and outings.</p> <p>Therefore, I also agree to administer first aid to my child.</p>

Zagreb, _____ (date)

Parent/Guardian signature: _____