





# American International School of Lesotho

14 United Nations Rd  
Maseru 100,  
Old Europa  
Lesotho

Phone: +266 22322987  
www.aislesotho.com  
director@aisl.co.ls

## Medical Information 2020 2021 School Year

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Name of Parent Completing Form: \_\_\_\_\_

Date form filled out: \_\_\_\_\_

Allergies  Yes  No

If yes, to what: \_\_\_\_\_

Reactions child experiences \_\_\_\_\_

Drug Allergies  Yes  No

If yes, to what: \_\_\_\_\_

Reactions \_\_\_\_\_

Asthma  Yes  No

Does the child carry an inhaler?  Yes  No

Does your child take daily medication?  Yes  No

If yes, which medication(s)/frequency: \_\_\_\_\_

Does your child take any medication during school hours?  Yes  No

If yes, name of medication/frequency: \_\_\_\_\_

Any other health conditions that we should be aware of, including, but not limited to diabetes, epilepsy, physical handicaps, mobility issues, sleep disorders, etc.?  
\_\_\_\_\_

Does your child have any present illness?  Yes  No

If yes, Please provide details: \_\_\_\_\_



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Past Medical History: If Yes, please give age and describe below:

	No	Yes (specify)	Age		No	Yes (specify)	Age
Skin Problem				Asthma			
Diabetes				Heart Disorder			
Meningitis				Urinary Disorder			
Tuberculosis				Epilepsy			
Fainting Spells				Scoliosis			
ADD/ADHD				Other Illness			
Other Cognitive Conditions*							

Describe and of the above issues: \_\_\_\_\_

Hospitalisations, serious injuries (Why and When): \_\_\_\_\_

Does the child wear glasses or contact lenses?  Yes  No

Please describe eye or vision problems: \_\_\_\_\_

Hearing problems and/or multiple ear infections?  Yes  No

Has your child been coughing for more than 2 weeks?  Yes  No

Has your child been sweating at night?  Yes  No

Has your child been losing weight recently?  Yes  No

Has your child been exposed to anyone with Tuberculosis (TB)?  Yes  No



## Immunization Record

**\*The tests/immunizations below are recommended according to school policy**

Please complete the following schedule including dates:

Type	Date	Date	Date	Date	Date
DPT/DT					
Polio					
Measles					
Hep B					
BCG					
Diphtheria					
Tetanus					

### Medical Authorisation Consent Form

I give consent for my child to receive the following:

Minor first aid at school

Yes

No

Emergency Care at school

Yes

No

Emergency Care at local clinic

Yes

No

Oral, non-prescription medication such as panadol

Yes

No

Please Note: If your response is "NO" to 1, 2, and/or 3 above, you are required to provide alternate emergency care instructions to be on file.



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## Alternate Emergency Care Details

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified as soon as possible.

I certify that all information given on this form is complete and correct.

I acknowledge that it is my responsibility to inform AISL of any changes in my child's health, physical condition or medical needs.

I agree to allow the school to transport my child to the school's hospital of choice in the event that my child needs immediate, emergency care.

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To ensure continuity of health care, could you please provide the name, number and address of your child's family doctor and/or specialist:*

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_



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Dear Prospective AISL Parent:

In order for your child's application to be considered complete, we require you to send us copies of the following (if applicable):

1. Copy of your child's passport information page
2. Copy of both parents' passport information pages
3. Copies of the child's academic records from previous schools (if applying to 1st grade and older)
4. Any other academic records that you may possess including psycho-educational testing, individualized educational programs (IEPs) and/or additional standardized testing.

Signed proclamation:

I hereby attest that all the information contained within this application is whole – without any omissions or errors – and containing, to the best of my knowledge, full disclosure of all information relating to my child's academic profile/history. I understand that all admissions decisions to AISL, including grade placements, are provisional for the first month, after which a final decision will be made regarding my child's continued enrollment and final placement at the school.

Parent Signature: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_



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## AISL Photo Consent Form

Dear Prospective AISL Parent,

Occasionally, we take pictures at special AISL events that may feature some of our students. Moreover, some of these photos may be used for promotional and marketing purposes and could appear in the school's prospectus, pamphlets, website, brochures, AISL's weekly newsletters and/or on campus. Therefore, we ask your permission to allow images of your child to potentially appear in these various media.

Please note, additionally, that it is explicit school policy for surnames of students to never appear in any such publication or prospectus.

\_\_\_\_ I give permission for AISL to publish pictures of my child in the above- mentioned media.

\_\_\_\_ I refuse to allow pictures of my child to appear in any AISL publications.

Parent's name: \_\_\_\_\_

Date: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_