



# CHANGE IN STUDENT INFORMATION 2017/18

to be used for updating the confidential student information database at ISU

**PLEASE COMPLETE THIS ENTIRE SECTION**

**DATE COMPLETED:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
*Family Name* *Full Given Name(s)*

\_\_\_\_\_

*Nick Name / Preferred Name*

**Date of Birth:** mm \_\_\_\_\_ dd \_\_\_\_\_ yy \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Gender:** M / F **Passport No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**PLEASE COMPLETE BELOW ONLY THOSE SECTIONS TO BE CHANGED**

Home phone number: \_\_\_\_\_

Parents' contact email/s: \_\_\_\_\_

Address in Ulaanbaatar: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
*Family Name* *Full Given Name*

First Language: \_\_\_\_\_ Other Language/s: \_\_\_\_\_

Nationality: \_\_\_\_\_ Employer: \_\_\_\_\_

Position held: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
*Family Name* *Full Given Name*

First Language: \_\_\_\_\_ Other Language/s: \_\_\_\_\_

Nationality: \_\_\_\_\_ Employer: \_\_\_\_\_

Position held: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

**Emergency Contacts (other than parents):**

1. Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office/Home Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office/Home Phone: \_\_\_\_\_

**HEALTH AND MEDICAL INFORMATION:** Please state below any additions or other changes you wish to be made in your child's medical data at ISU.

**Allergies:** (medically diagnosed only; please do not include "dislikes")

Allergy to	Name of allergen	Severe (Anaphylaxis)	Slight (Non life threatening)	None
Foods				
Insects				
Drugs				
Animals				
Grasses, pollen				
Other				

Describe what happens during an allergic reaction:

In the event of an allergic reaction, what actions are necessary:

Has hospitalization occurred because of an allergic reaction?  No  Yes Date \_\_\_\_\_

Name of allergy medication used at home \_\_\_\_\_

**Asthma :** Does your child suffer from asthma ?  No  Yes

If "Yes", please indicate how severe your child's asthma is:

Mild	Moderate	Severe
Attacks are rare, limited mostly to tightness and wheezing	Occasional attacks which can be self managed using prescribed medication	Attacks are regular, severe and have required hospital treatment

When was your child's last asthma attack ? \_\_\_\_\_

Did your child require medical/hospital treatment?  No  Yes Date \_\_\_\_\_

Please list the triggers of your child's asthma attacks: \_\_\_\_\_

Details of medication to be administered in event of an attack? Does your child carry an inhaler – what type?

\_\_\_\_\_  
 \_\_\_\_\_

Does your child have any of the following diagnosed medical conditions that may require **EMERGENCY** care?

Medical condition	Yes	No	If YES to any of these conditions, please give additional information.
G6PD deficiency			
Joint problems			
Diabetes			
Blood pressure abnormalities			
Convulsions/Epilepsy			
Kidney Disease			
Blood Disorder			
Rare Blood Type			
Heart Conditions			
Previous concussion or head injury			
Previous serious injury			
Dizziness/Fainting spells			
Previous surgery			
Rheumatic fever			

Other medical information	Yes	No	Additional information:
Frequent nose bleeds			
Psychological condition			
Hearing impairment			
Bed wetting			
Contact lens/glasses			
Colour Blind			
Travel sickness			
OTHER			

Blood type if known: \_\_\_\_\_

Is your child currently taking **long-term** medication? (list below):  Yes  No

If YES, please give additional information

Has your child had a tetanus injection within the last 10 years: yes / no

**Dietary information**

Please outline below any **special** dietary requirements of your child and how they may be served:

**Declaration of Parent/Guardian who completed this information form:**

"I have read and hereby declare that all information requested, including medical information, is provided above. I understand that failure to disclose known medical conditions and/or other requested information on this form may result in inappropriate response from ISU and may put my child at risk."

Print name of student: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to student:  Father  Mother  Legal Guardian  Other \_\_\_\_\_

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

**FOR ISU USE ONLY:** *Route this form immediately and enter the information into applicable databases. Initial each stage.*

