



**SAINT GEORGE  
SCHOOL**  
FOUNDED 1965



Porfirio Herrera No. 6, Ensanche Piantini.  
Santo Domingo, D. N. Rep. Dominicana



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## INFIRMARY CARD

Name of student: \_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_

Home tel.: \_\_\_\_\_ Office tel.: \_\_\_\_\_ Emergency tel.: \_\_\_\_\_

Names and telephones of Pediatrician: \_\_\_\_\_

Student birth date: \_\_\_\_\_

Illness or diseases ( such as diabetes, convulsions,etc. )

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

Allergies ( to insects, aspirin or other medicines )

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

Known physical pathologies ( such as hernias, fractures,etc. )

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

Vaccines

Polio  D.P.T.  M.M.R.  B.C.G  HEPATITIS B  Tetanus  Meningitis

Reinforcement \_\_\_\_\_

Blood group: \_\_\_\_\_ Factor RH: +  -

Additional information: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:** Every parent/ guardian should inform infirmery in writing or via telephone call of changes in the information given in this form. I authorize SGS to transport my son/daughter, in case of an emergency, to the hospital they consider convenient if I cannot be reached.

\_\_\_\_\_  
Signature of Parent - Guardian