



## IMMACULATE CONCEPTION ACADEMY

10 Grant Street, Greenhills, San Juan City, Metro Manila

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### WELLNESS INFORMATION SHEET (Guidance)

School Year \_\_\_\_\_

Family Name	First Name	Middle Name	Grade and Section
Does the child have any psychological/ emotional concern/s (anxiety, depression, etc.) that may affect her academic and behavioral performance? If yes, please explain.			
Has your child been diagnosed as having special needs (ADHD, Autism, Learning Disability, etc.)? If yes, is she receiving any professional intervention and/ or support? Please specify diagnosis and interventions provided.			

**\*For students with abovementioned condition/s, please obtain an updated medical clearance from your attending specialist stating the current status of the condition and the orders to be followed in case of an emergency during school hours. Please attach and submit it together with this form.**

*I/We the undersigned parent(s) or guardian(s) certify that the information submitted in this form is true and correct to the best of my/our knowledge I/we have not willingly or knowingly withheld medical information that would affect my/our daughter/s academic and behavioral performance while enrolled in Immaculate Conception Academy ("ICA" or "School"). We will inform the school immediately should my/our daughter/s have any medical diagnosis within the school year. I/We understand that the School requires my/our answers to the foregoing questions to enable it to properly and effectively perform its obligation as an academic institution to my child/children, its other students and to the educational community in general.*

\_\_\_\_\_  
Father or Guardian's Signature  
over Printed Name/Date

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Mother or Guardian's Signature  
over Printed Name/Date