

Republic of the Philippines  
Department of Science and Technology  
**PHILIPPINE SCIENCE HIGH SCHOOL – MAIN CAMPUS**  
Agham Road, Diliman, Quezon City

**MEDICAL CLINIC**  
**INFORMATION SHEET**

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

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

Tel. No. : \_\_\_\_\_

**Name of Father:** \_\_\_\_\_

Occupation : \_\_\_\_\_

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

Tel. No. : \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_

Occupation : \_\_\_\_\_

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

Tel. No. : \_\_\_\_\_

Persons to be notified in case of **“EMERGENCY”**

1. Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_