



# MEDICAL FORM

Dear Parents

Children's health and wellbeing is very important for us, therefore, in order to maintain current records, we would appreciate you completing the medical information form in as many details as possible

Student Name..... Class.....

## CONTACT DETAILS

Please note below your current details:

Father's Details:

Mother's Details:

Home phone no:..... Home phone no:.....

Mobile no:..... Mobile no:.....

Office Phone no:..... Office Phone no:.....

Email address:..... Email address:.....

Emergency Contact:

Name:.....Contact number:.....

***Please ensure we have a contact name and number in the event of an emergency when we cannot contact you personally.***

## MEDICAL INFORMATION

### Allergies

Allergies child suffers from.....

Signs and Symptoms(to indicate onset of child's allergic reaction).....

First Aid (instruction to follow during reaction allergic ).....

Please indicate if your child's allergic reaction has ever required him/her to be prescribed Emergency Medication eg Epipen which needs to be available at all times:

( ) Yes – please provide a supply for use in school

( )

Immunization Records

Please ensure the office you have an updated record of your child's immunization card as requested by the Ministry of Education.

Medications

In the event that your child requires medication during school hours please label them with child's name/class and an indication of how much and times to be given before handing it to the School Nurse

Spectacles

Please notify us if your child wears glasses and the times they are required to wear them:

- YES
- NO

Miscellaneous medical information

If your child has any other medical , surgical, hearing or dental problems that we need to be aware of, please list details below:

.....  
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Medical permission

In the event that your child has a temperature during the school hours , you allow the School Nurse to give paracetamol-based medication with a prior verbal consent, if possible:

- YES-I Give permission to the Nurse to administer paracetamol
- NO

Highly appreciated if you inform the office of any changes regarding contact number details and medical information.

Thank you for your co operation

Yours Sincerely

Mrs. Hana Al Qaisi  
Principal

Mrs. Carmen Adam  
PRN  
School Nurse