

## **MEDICAL/HEALTH FORM**

1- Name of Student: \_\_\_\_\_

2- Class upon admission: \_\_\_\_\_ Academic Year: \_\_\_\_\_

3- Age: \_\_\_\_\_ 4-  M  F

5- Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

\_\_\_\_\_

Mobile Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

6- In case of an emergency and if the school is unable to contact the parents, please notify:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

7- Is your child taking any specific medication on a regular basis? If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8- Does the student suffer from one or more of the following? If so, please give details:

	Yes	No	Please give details
Chest Asthma			
Food Allergies			
Drug Allergies			
Diabetes			
Past history of surgery			
Any kind of epilepsy			
Other, please give details:			

9- Is there any reason why the student could not participate in the full Physical Activity?

Yes     No

If yes, please give details:

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10- Name of Pediatrician/ Family Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please contact the school clinic if you have any other concerns. Please do not forget to attach to this application form any / all relevant medical records or forms.**

*I hereby give permission to the school clinic to administer all necessary check ups, first aid, non-prescriptive medications and to act in casualties and emergencies including admittance to hospital in case of emergency.*

*I also acknowledge that ST. FATIMA – Nasr city reserves the right, at anytime and without notice, to perform necessary medical testing.*

Signature of Parent/ Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

