



مدرسة المشرق الدولية
Mashrek International School

HEALTH DECLARATION

1-Name: -----	2-Date of birth: -----
3- Place of birth: -----	4-Class: -----
5- Home address and tel numbers ----- -----	Emergency contact (Name and telephone number): ----- ----- Email Address: -----
6-Blood Group of your child -----	

7- Does your child suffer from any of the following conditions?

Medical Condition	Yes	No
Asthma	-----	-----
Diabetes	-----	-----
Epilepsy	-----	-----
Hay Fever	-----	-----
Tuberculosis	-----	-----
Eczema	-----	-----
Allergies (If yes, what kind of allergies)	-----	-----
Other	-----	-----

If your child does suffer one of the above conditions, or any others, please list what kind of medication he/ she requires.

8-Do you have any objection to the school doctor examining your child? -----

9- Did your child have any of the following illness?

Disease	Yes	No	Year
Measles	-----	-----	-----
Mumps	-----	-----	-----
German Measles	-----	-----	-----
Chicken Pox	-----	-----	-----
Hepatitis	-----	-----	-----
Whooping Cough	-----	-----	-----
Others	-----	-----	-----

10- Does your child have any visual or hearing difficulties? Does your child wear glasses? -----

11- Has your child ever been hospitalized or done any surgeries? -----
 If so, please describe -----

12- Does your child have any behavioural, social, physical, or learning difficulties? -----
 If so, please describe -----

13- have your child taken all necessary vaccinations: Yes No

14-Any other medical information you would like us to know about your child:

15- The School is responsible to take students to the hospital in case of an emergency. Parent will always have the option of picking their child directly from the school. It is the parent's responsibility to provide transportation in case of face or teeth injuries at all times. The School will reimburse the parents the medical expenses related to the case if they transport their child to the hospital, given that a medical report from doctor is accompanied by official invoices that are consistent and related to the original nurse report.

If your child is taking a prescribed course of tablets or medicine and has to take it during school hours, it is necessary that you fill and sign the **Administration of Medication Request** form, label the medication and deliver it to the Students Affairs Department which will in turn send it to the clinic. **Medicine is not to be kept with children.**

I, parent/guardian of confirm that the information given on this form is correct to the best of my knowledge and take full responsibility of the information declared on this form.

Signature: -----

Date: -----