

STUDENT HEALTH INFORMATION RECORD

Student Name				
Age		Date of Birth		
Home information	Phone			
	Address		City	
ID/Iqama				
Mother Name			Mobile phone	
Father Name			Mobile phone	

Person(s) to contact in case of emergency if parents are unavailable

Family Name	First Name	Relationship to Child			
Home Tel	Ext	Office Tel	Mobile		

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HEALTH FORM

Please complete all sections of this health form and attach it with the registration form.

A. INFECTIOUS DISEASES (Use “√” to fill)

Has your child ever had:	YES	NO	If yes, date of Infection
Chickenpox			
Diphtheria			
German Measles			
Measles			
Mumps			
Polio			
Scarlet Fever			
Tuberculosis			
Whooping Cough			

B. OTHER CONDITIONS

Does your child suffer from:	YES	NO	If yes, what treatment does the child require?
Asthma			
Epilepsy			
Diabetes			
Anaphylaxis (give details)			

Other (Please give details)

SERIOUS ILLNESS/MAJOR SURGERY

Please give details and any medications being taken by your child.

HEALTH HISTORY

Does your child suffer from any allergies? E.g. food, drugs, environment

Yes	
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No	
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Please give details and the treatment needed.

Does your child need any regular medication?

Yes	
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No	
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Please give details

PERMISSION FORM

- In case of any extreme medical emergency, the school will go to the nearest hospital services (AlDoha Private dispensary)
- Ethra School has the permission to provide your child with Fevadol/Tempra in case of mild fever?

Yes	
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No	
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Amount taken -----ml

- It's not allowed to send with the student any medication to school like antibiotics and any other medication, since it's the parents' responsibility.
- I hereby give permission for emergency measures to be done in case of sudden accident or illness. Parents will also be informed as soon as possible.
- A copy of a child's vaccination record must be attached with this health questionnaire.

Parent's/Guardian's Name	Signature	Date (DD/MM/YYYY)
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