**Medical Form**

Please read and complete this form carefully in order to assist The International Academy- Amman in providing proper assistance in case of illness at school.

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

(FIRST) (FATHER) (FAMILY)

Please specify with (Yes) or (No) all applicable health issues:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes/No |  | Yes/No |
| Chest Asthma |  | Skin conditions |  |
| Allergic reaction to medication |  | Diabetes |  |
| Bee-sting allergy |  | Epistaxis (nose bleeding) |  |
| Food allergies |  | Thyroid problems |  |
| Convulsions or epilepsy |  | Scoliosis |  |
| Fainting spells |  | Bowel or bladder problems |  |
| Phobias |  | Digestive/ stomach problems |  |
| Heart condition |  | Severe or frequent headaches |  |
| Vision problems |  | Past history of surgery |  |
| Hearing problems |  | Other |  |

If you answered (Yes) on any of the above, please provide details:

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List any allergies or other medical conditions that we need to be aware of:

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Is your child required to take regular medication? If so, give details (name, dosage and reasons): Yes No

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Is there any reason why your child cannot participate in the full Physical Education programme? If yes, please state reasons: Yes No

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Does your child have any dietary needs? If so, please give details: Yes No

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Is there anything else about your child’s medical history that the school needs to know about and that might affect his/her academic performance or ability to undertake school programmes?

Yes No

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Please attach any relevant medical records and contact the school clinic for any concerns.

Name of pediatrician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Ministry of Education in Jordan requires that the school maintains current information on each child’s immunization history. It is therefore important that the International Academy- Amman has a copy of your child’s immunization records. *(Please tick the appropriate box):*

|  |  |
| --- | --- |
| -I have attached a copy of my child’s immunization records |  |
| -I will bring a copy to the Admissions Department as soon as possible |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contacts (Parents/ Guardians)** | | | |
| Name & Relationship | Mobile No. | Home No. | Work No. |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternative Emergency Contacts (Other than Parents)** | | | |
| Name & Relationship | Mobile No. | Home No. | Work No. |
|  |  |  |  |
|  |  |  |  |

If the above contact numbers cannot be reached, I give International Academy- Amman Administration / Medical staff permission to seek appropriate emergency treatment for my child. Yes No

|  |  |
| --- | --- |
| **I hereby give my permission for the International Academy- Amman to:** | |
| **Give my child non-prescription medication if needed.** |  |
| **Administer First Aid to my child if needed.** |  |
| **Admit my child to a hospital in case of an extreme emergency.** |  |
| **Conduct regular medical checks including hearing, vision and checks for skin infections and pediculosis.** |  |

**Parent/ guardian’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_