Medical Form

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

(FIRST) (FATHER) (FAMILY)

**Does your child suffer from one or more of the following? If so, please give details:**

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|  | **Yes** | **No** | **Please Give Details** |
| Chest Asthma |  |  |  |
| Food Allergies |  |  |  |
| Drug Allergies |  |  |  |
| Epilepsy |  |  |  |
| Skin Problems |  |  |  |
| Urinary Disorder |  |  |  |
| Scoliosis |  |  |  |
| Phobias |  |  |  |
| Tuberculosis |  |  |  |
| Heart Disease |  |  |  |
| Hearing Problems |  |  |  |
| Headaches |  |  |  |
| G6PD |  |  |  |
| Diabetes |  |  |  |
| Past History of Surgery |  |  |  |
| Convulsions Due to High Fever |  |  |  |
| Thyroid Problem |  |  |  |
| Epistaxis (Nose Bleeding) |  |  |  |
| Hay Fever (Pollen) |  |  |  |
| Bees Allergy |  |  |  |
| Other, please give details: |  |  |  |

Is your child taking any specific medication on a regular basis? If so, please give details (Name, Dosage, and Reason(s)). ? 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 reason (s). Yes No

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Does your child wear glasses? Yes No

Is there anything else about your child’s medical history that the school needs to know and/or will impact their educational performance and/or ability to undertake the school programmes?

Yes No

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|  |

Does your child have any special dietary requirements? Yes No

If yes, please give details.

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**I hereby give the International Academy - Amman permission to:**

**Administer non-prescription medications to my son/daughter.**

**Administer first aid to my son/daughter.**

**Admit my son/daughter to a hospital in times of extreme emergencies.**

**Conduct regular medical checks, including for hearing, sight,**

**skin infections and pediculosis.**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**