

MEDICAL FORM

Student Information	
Student's Full Name	
Nationality	
Gender	
Date of Birth (dd/mm/year)	
Emirates ID No.	
Passport No.	
Previous School	
Address of previous school	

Parents Information			
	Father	Mother	Guardian
Name			
Date of Birth			
Nationality			
Emirates ID No.			
Occupation			
Education Level			
Contact No.			
Email ID			

Address and other contact information			
Emirate		Area	
Road		Building	
Flat/Villa No.		Home Telephone	

Significant Information			
Allergy		In case of Emergency (ICE)	
		Name	
Other medical condition		Relationship	
		Mobile No.	

In case of allergy or other medical condition, please provide details below and submit your child's medical report:



Important additional requirement:

PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNISATION RECORDS ALONG WITH THIS FORM.

As per Dubai Health Authority, your child should have completed the routine pre-school vaccinations. If your child did not complete his/her pre-school routine vaccine/s or has due vaccine/s, the SBS medical team will be able to administer the vaccine during the clinic's vaccine campaign.

Consent Form

Consent Medical Examination Yes No

All new students, Year 2, Year 5, Year 8, Year 11 and any students leaving either during or at the end of the academic year will undergo a basic physical examination as per Dubai Health Authority & School policy. The school nurse will be present at all times.

Consent for Emergency Treatment Yes No

In the event of an emergency or accident where your child needs URGENT medical attention, it is the policy of the school to take the child to the nearest Government Hospital/Clinic. Every effort will be made to contact you and please understand that any delay may have serious consequences in an emergency.

Emergency Contact Person: _____

Emergency Contact Number: _____

In case of Emergency, please bring my child to my preferred Hospital:

Consent for Medication Yes No

The following Over-the-Counter medications are available in the school clinic. Please tick below the medicines that can be administered to your child when necessary:

	Medicine	Symptomatic Treatment
	Panadol	Headache, Fever and Body ache
	Brufen Syrup	Headache, Fever and Body ache
	Fucidin Cream	Minor and Major Wounds
	Prospan Cough Syrup	Cough
	Fenistil Gel	Insect Bites and Itching
	Arnica Gel	Bruising and Muscular Aches
	Zyrtec / Claritine	Antihistamine
	Savoy Antiseptic Spray	Disinfection of grazes and wounds
	Reparil Gel	Anti-inflammatory and muscular sprains

Medical Form completed by: _____ Relationship: _____

Signature: _____ Date: _____