



Safa & Marwa Islamic School
مدرسة الصفا و المروة الإسلامية

MEDICAL FORM

(ATTACH ADDITIONAL SHEETS AS REQUIRED)

Student's Name: _____ **Grade:** _____

Please complete and sign the form.

Does the student have any history of allergic reaction? Yes No If yes please explain: _____

Does the student carry an Epi-Pen Yes No If yes, ask for the **INDIVIDUAL ANAPHYLAXIS EMERGENCY PLAN Form**

Does the student have any medical illness or injury or suffer from any of the following:

Diabetes: Yes No

Asthma: Yes No If yes, ask for the **INDIVIDUAL ASTHMA EMERGENCY PLAN Form**

Vision difficulty: Yes No

Heart disease: Yes No

Epilepsy/Seizures: Yes No

Deafness: Yes No

Speech Difficulty: Yes No

Emotional/Behavioral Issues: Yes No

Other please explain: _____

Will the student require medication administered at school? Yes No If yes, please complete the following:

I _____ (parent's name) give my consent to Safa and Marwa Islamic School to administer the following medication:

_____ (Medicine's name) prescribed and approved by Dr _____

in cases of emergency to my child. Doctor's Contact Number: _____

In case of emergency, permission is hereby given to the Safa & Marwa Islamic School to release the above information to a medical practitioner. The student is to be taken to the nearest hospital for examination and if necessary, X-rays were the parent/guardian will be contacted.

Parent's Name _____ Parent's Signature _____

Date: _____