



# 2024-2025 MEDICAL FORM

ATTACH ADDITIONAL SHEETS AS REQUIRED

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLEASE COMPLETE AND SIGN.

1. DOES THE STUDENT HAVE ANY HISTORY OF ALLERGIC REACTION?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2. DOES THE STUDENT CARRY AN EPI-PEN?  YES  NO

**IF YES, PLEASE COMPLETE THE INDIVIDUAL ANAPHYLAXIS EMERGENCY PLAN FORM**

3. DOES THE STUDENT HAVE ANY MEDICAL ILLNESS OR INJURY OR SUFFER FROM ANY OF THE FOLLOWING:

DIABETES:  YES  NO

VISION DIFFICULTY:  YES  NO

ASTHMA:  YES  NO

EPILEPSY/SEIZURES:  YES  NO

HEART DISEASE:  YES  NO

SPEECH DIFFICULTY:  YES  NO

DEAFNESS:  YES  NO

MENTAL HEALTH ISSUES:  YES  NO

EMOTIONAL/BEHAVIOURAL ISSUES:  YES  NO

OTHER, PLEASE EXPLAIN:  
\_\_\_\_\_

4. DOES THE STUDENT REQUIRE PRESCRIPTION MEDICATION ADMINISTERED AT SCHOOL?  
 YES  NO IF YES, PLEASE COMPLETE THE FOLLOWING:

I \_\_\_\_\_ (PARENT/GUARDIAN NAME)  
GIVE MY CONSENT TO SAFA & MARWA ISLAMIC SCHOOL TO ADMINISTER THE FOLLOWING  
MEDICATION:

\_\_\_\_\_ (MEDICINE NAME)

PRESCRIBED AND APPROVED BY DR. \_\_\_\_\_  
IN CASES OF EMERGENCY TO MY CHILD.

DOCTOR'S OFFICE CONTACT NUMBER: \_\_\_\_\_

IN CASE OF EMERGENCY, PERMISSION IS HEREBY GIVEN TO SAFA & MARWA ISLAMIC SCHOOL  
TO:

- ADMINISTER FIRST AID,
- CONTACT 911 FOR MEDICAL ATTENTION IF REQUIRED,
- RELEASE THE ABOVE INFORMATION TO A MEDICAL PRACTITIONER IF REQUIRED,
- CONTACT PARENTS IN ALL CASES

PARENT/GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE (YYYY/MM/DD): \_\_\_\_\_