

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): _____