



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

ASTHMA: ☐ YES ☐ NO

HEART DISEASE: ☐ YES ☐ NO

DEAFNESS: ☐ YES ☐ NO

MENTAL HEALTH ISSUES: ☐ YES ☐ NO

EMOTIONAL/BEHAVIOURAL ISSUES: ☐ YES ☐ NO

VISION DIFFICULTY: ☐ YES ☐ NO

EPILEPSY/SEIZURES: ☐ YES ☐ NO

SPEECH DIFFICULTY: ☐ 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): _____