AL SHOMOUKH INTERNATIONAL SCHOOL

MEDICAL FORM

To be completed prior to admission. The information will greatly assist the school when dealing with illnesses/accidents during school hours.

Family Name/Surname					
First Name(s)					
Preferred Name					
Grade					
Date of Birth (dd/mm/yyyy)		Male/Female		Blood Group	

Family / Guardian Emergency Contact Details in Oman

PARENT DETAILS	Father*	Mother*	Other Guardian *(please state relationship)* _____
Name			
Office Phone No.			
Home Phone No.			
Mobile No.			
E mail Address			
Please indicate who to contact in order i.e. 1st, 2nd			

General Practitioner Contact Details

Name	
Clinic/Hospital	
Telephone no.	

Known Allergies

If your child has known allergies please complete the following. **None** completion is taken as indicating no known allergies.

Allergen	Reaction	Treatment

Immunization Record

If possible please attach a photocopy of your child's immunization record. If you do not have this information please complete the following:

	Dose 1 mm/yyyy	Dose 2 mm/yyyy	Dose 3 mm/yyyy	Dose 4 mm/yyyy	Booster mm/yyyy
Polio (OPV)					
DPT					
MMT					
Hib					
Hepatitis B					

Other immunizations

Please indicate details of any other immunizations given.

Immunization	Date given	Immunization	Date given	Immunization	Date given
BCG/TB		Typhoid		Tetanus	
Rubella		Yellow Fever			

Health history

Please indicate with a tick if your child has experienced any of the following and in the following space add any information that you feel is relevant.

	Chicken pox		Asthma.		Visual problems
	Measles		Eczema/skin problems		Ear/hearing problems
	Rubella		Diabetes		Kidney problems
	Tuberculosis		Convulsions/epilepsy		Orthopaedic problems
	Whooping cough		Hospitalization		Speech difficulties
	Malaria				

Further Details

Can your child participate in Physical Education? YES NO *(please circle as appropriate)*

Consent

In the event of your child having any illness or an accidental injury whilst at school we require your permission to administer first aid and emergency treatment, please delete as appropriate and sign the following authorizations.

Permission to administer non-prescriptive medicines such as Ibuprofen Paracetamol, , anti-histamines, throat lozenges	YES	NO
Permission to administer first aid	YES	NO
In the event of an emergency, if the parents/guardians cannot be reached, to take students to a hospital of the school's choice if deemed necessary	YES	NO
Signature of parent/guardian:	**Date:**	

Thank you and please help the school by providing any additional information as appropriate and notification of medical issues /illnesses that may occur while your child is enrolled. By doing this the school is better able to provide the best possible support.

*When complete please return to the school ASAP.
*Contact details are attached.