The school needs to be aware of any medical conditions that might prevent your child from engaging in school activities, please provide as much information as possible.

## Contact Details

|  |  |
| --- | --- |
| Student’s Name  |  |
| Student’s Date of Birth |  |
| Mother’s Contact Details |  |
| Father’s Contact Details |  |
| Alternative Contact Details(in case of emergency if parents cannot be contacted) |  |

## Medical Conditions

Does your child suffer from, or have they had, any of the following conditions?

|  |  |  |
| --- | --- | --- |
| Condition | For this condition do they use:(If yes, please complete the [Med 1 Form](http://www.britishschoolmuscat.com/userfiles/bsmmvc/Documents/School-life/parents/forms/form_nurse_med1.docx) ) | If yes, please provideschool with: |
| Asthma | Yes / No | Relieving inhaler | Yes / No | Relieving inhaler |
| Allergy | Yes / No | Antihistamine | Yes / No | Antihistamine |
| Diabetes | Yes / No | Insulin | Yes / No |  |
| Epilepsy / Seizures | Yes / No | Medication | Yes / No | Medication |
| Anaphylaxis reaction | Yes / No | Auto injector (Epi-pen) | Yes / No | Auto injector |
| Other (please specify) | Yes / No |  | Yes / No |  |

|  |  |
| --- | --- |
| Does your child take any **other** medication, either regularly or as required? | Yes / No  |

If yes please give details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of medication | Reason for medication | Dosage | Frequency | Please provide school with [Med 1 Form](http://www.britishschoolmuscat.com/userfiles/bsmmvc/Documents/School-life/parents/forms/form_nurse_med1.docx) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Has your child required hospital treatment? | Yes / No  |
| If yes please provide details e.g. dates & reasons for hospital admission: |  |

## Immunization History:

|  |  |
| --- | --- |
| Please attach a copy of your child’s immunization record to this form | Attached? Yes / No  |

## Further Medical Conditions

|  |  |
| --- | --- |
| Does your child have any other medical / mental health condition that may have an impact on his/her learning? | Yes / No  |
| If yes please provide details below: |  |

[Med 1 Forms](http://www.britishschoolmuscat.com/userfiles/bsmmvc/Documents/School-life/parents/forms/form_nurse_med1.docx) can be accessed from the [school website](http://www.britishschoolmuscat.com/userfiles/bsmmvc/Documents/School-life/parents/forms/form_nurse_med1.docx) and are available from the nurses’ room.

## In Case of Emergency

|  |
| --- |
| I hereby give permission to qualified health personnel (school nurse; outside emergency medical personnel; staff who possess current first aid certificate) to:* administer non-prescription medication (analgesia; throat lozenges; topical/ oral antihistamine)
* administer first aid
* to take my child to a hospital of the school’s choice if I cannot be contacted and transfer to hospital is deemed necessary. I accept any costs associated with my child’s transfer to and treatment in hospital will be borne by the parent / guardian
 |
| Signature of person completing this form: |  |
| Relationship to pupil: |  |
| Date: |  |
|  |  |