



Abu Dhabi Grammar School (Canada)
Student Medical Information Form

Photo of Student

Academic year: 20__ - 20__

Full Name of Student		
Date of Birth (dd/mm/yy)	Grade	
Father's Name	Mobile #	
Father's Email Address		
Mother's Name	Mobile #	
Mother's Email Address		
Home Phone #		
Another Contact Person For Emergency	Relationship	Mobile #
Consulting Doctor	Clinic	Phone #
Does your child have any of the following: If yes, please include details such as specific diagnosis, severity, current treatment and medications.		
<i>Condition</i>	<i>Yes/No</i>	<i>Details</i>
Asthma		
Diabetes		
Eczema		
Allergy (specify)		
Hearing difficulties		
Visual Aids		
Seizure disorder / Epilepsy		
Frequent infection		
Urinary incontinence		
Other (specify)		
Has your child had the following:		
Measles		
Mumps		
Rubella		
Chicken Pox		
Polio		
Hepatitis		
Other (specify)		
Please state any other medical information or concerns you know of about your child to enhance their school safety: 		



Abu Dhabi Grammar School (Canada)
Accident / Emergency Treatment Consent Form

Permission for Treatment

I, _____, the parent/guardian of _____
in Grade _____, [] **consent** / [] **do not consent** to Abu Dhabi Grammar School (Canada) health
staff to administer basic first aid and minor analgesics, as needed.

I [] **give** / [] **do not give** the school authority to administer the prescription drugs left by me
under the direction of the school nurse, according to their specified written instruction.

I [] give / [] do not give permission to the school to take my child to the hospital in an emergency.

Child's Name: _____

Your Name: _____ Relationship: _____

Signature: _____ Date: _____

Please notify the school promptly of any changes in your child's health status or change in contact
details.

Thank you,

AGS Administration