



Al Muktashef International Schools
مدارس المكتشف العالمية

Student Medical Form

Name: _____ Grade: _____ Gender: Female Male

Date of Birth: _____ Blood Group: _____ Height _____ Weight _____

Health History:

Does your child have the following ? if yes, please specify current treatment.

For food and medicine allergies, please identify allergens (ex: milk, nuts, any specific medicine, etc.)

Health Problem	Yes	No	Details
Allergies			
Asthma			
Seizure Disorder/Epilepsy			
Diabetes			
Frequent Ear Infection			
Hearing Difficulties			
Glasses/Contact Lenses			
Heart Problem			
Frequent Headaches/Migraine			
Menstrual Problems			
Emotional Problems			
Blood Disorder			
Other Health Problems			

MIS will not administer any oral medications to children without permission from the parents.

Pain relieving medications will only be given if specified name of medicine is indicated with parent's signature.

Please tick the brand of medicines that can be given to your child:

Junifen suspension Fevadol tablets/ extra Fevadol Syrup
 Prof suspension Panadol tables/ extra Scopinal Syrub
 Solpadine Capsule

Note: If there's any past/present illnesses, please notify and describe:

Is he/she on a regular medication? If so, please notify:



(1)



(2)



(3)



(4)



(5)

MIS 1 Al Shate'e 4 Dist, Jeddah, KSA.
 MIS 2 Al Naem Dist, Jeddah, KSA.
 MIS 3 Al Zahra Dist, Jeddah, KSA.
 MIS 4 Al Mohamdiah Dist, Jeddah, KSA.
 MIS 5 Downtown Al Shate'e 1 Dist, Jeddah, KSA.
 MISEDU.NET ☎ 920033423



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PERMISSION FOR MEDICATIONS

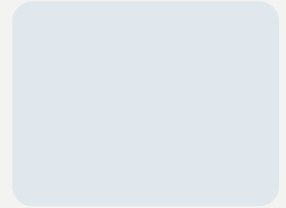
Any medication that needs to be taken in school must be given to the nurse with a detailed instruction and parents note.

Long term medication should be accompanied with a written consent letter from the physician with the parent's signature.

Parent's Signature: _____

Physician's Signature: _____

Date: _____



Hospital Stamp

EMERGENCY CASES

I hereby give my permission for any emergency measures to be carried in case of an accident or a sudden illness, knowing that I will be notified ASAP.

MIS and/or their designees cannot be held liable for their actions after handling emergency measures in a professional and responsible way.

Parent's Signature/Date

Contact Details

HOME OFFICE	FATHER	MOTHER	EMERGENCY NO.

We at MIS aim only for your child's well being and seek to provide a safer and healthier environment by all possible means.



(1)



(2)



(3)



(4)



(5)

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