



SHEIKH ZAYED INTERNATIONAL ACADEMY - ISLAMABAD

أكاديمية الشيخ زايد الدولية - إسلام آباد

STUDENT HEALTH FORM

Part I : To be filled by Parents/Guardian

Student's Name _____ M F

first Middle Last

Student's Date of Birth _____ Nationality _____

Address _____

Home Phone No: _____

Name of Mother _____ Mobile No: _____ Work No: _____

Name of Father _____ Mobile No: _____ Work No: _____

Name of Person, other than Parent who can be contacted in case of emergency

1: Name: _____ Relation: _____ Phone No: _____

2: Name: _____ Relation: _____ Phone No: _____

In case of Emergency, Name & Telephone Number of your Local Physician/Clinic whom you would like us to contact

Physician's Name: _____ Phone No: _____

In Case of Emergency may we take your Child to Shifa Hospital ? Yes No

Does the child have any ? Blood Group

Allergies

Unusual Health Problems or Special Needs (e.g. Diabetes, Asthma , ADHD)

Dietary Restriction

Regular Medication given

Name: _____ Dose: _____ Time given: _____

If you have checked any of the above, Please explain: _____

If you wish to give permission for the nurse to give basic medication to your child at School Please Check

Paracetamol(Tylenol) Antacid Decongestant

Ibeprufen Throat lozenges

Any other medicine that Doctor may decide

