

Student medical information

To ensure the safety of your child during the school day, it is important that the school is aware of any health conditions that may impact your child. **PLEASE COMPLETE THIS FORM.** For confidentiality purposes, this information will only be shared with relevant Oryx staff.

Child's Name:

Date of Birth: Male Female

Medical Information

Does your child have any ongoing medical condition: Yes No

If you answered YES, please supply details below - continue on a separate sheet if necessary and attach to this form.

Diabetes

Epilepsy - If YES, has your child had a seizure in the past year? Yes No

Other medical conditions (specify):

Allergies causing a life-threatening response which needs immediate medical care:

Allergy	Reaction symptoms	Treatment

For the medical condition identified above which requires prescribed medication during school hours, PLEASE PROVIDE WRITTEN VERIFICATION FROM YOUR HEALTHCARE PROVIDER WITH DIAGNOSIS, TYPE OF MEDICATION, DOSAGE, AND TIME TO BE GIVEN. Please bring the medication in its original package and arrange to meet the school nurse before your child starts school. nurse@oryxschool.qa

Restrictions- are there any food or activity restrictions the school should be aware of? Yes No

If YES, please specify:

Medication Information

Does your child require regular medication: Yes No

If you answered YES, please supply details below - continue on a separate sheet if necessary and attach to this form.

Medication Name	Dosage per day	Quantity per dose	At what time (s)	Medication Method

Is there any medication that your child is not allowed to take? Please specify below:

I give the school permission to administer Panado to my child if required: Yes No

Additional Information

If there is any additional medical information the school should know about your child, please supply details below - continue on a separate sheet if necessary and attach to this form.

Declaration: I accept that the responsibility lies with me as the parent/guardian of my child, to advise the school of any changes in the medical or physical condition of him/her at any time during the school year. In case of first aid or emergency I hereby give my permission for a qualified employee of Oryx International School to provide treatment to my child.

Parent Signature:

Date: