



مدرسة فيلادلفيا الخاصة

PHILADELPHIA PRIVATE SCHOOL

A RICH EXPERIENCE IN KNOWLEDGE DISCOVERY, CHARACTER EDUCATION, AND PERSONAL GROWTH

Medical Forms for the Academic Year 200__ / 200__

Learner's Name: _____

Grade: _____

CONSENT FOR IMMUNIZATION

The Department of Health requires maintaining current information on your child's vaccination history. Please tick the appropriate box.

- I approve of my child's immunization at school
(Provide your child's original vaccination record)
- Thank you, my child receives immunization at a Private Clinic
(Provide a photocopy of your child's vaccination record)

CONSENT FOR MEDICAL TREATMENT

Should it be considered necessary by the school nurse, the following medication could be given to your child; glucose drink, paracetamol, Eno fruit salt. Please tick the appropriate box.

- I approve of administering medication to my child at school
- Thank you, I do not approve of administering medication to my child at school

CONSENT FOR MEDICAL EMERGENCY

In the event of a minor accident at school, the child will be treated for cuts and scratches. If a serious accident occurs, parents/guardians are notified immediately and the school administration seeks emergency care at once.

- I allow the school administration to seek medical emergency care at the nearest hospital
- I do **NOT** allow the school administration to seek medical emergency care, and I will be held responsible for that

