

## 2025-2026 MEDICAL FORM

**ATTACH ADDITIONAL SHEETS AS REQUIRED**

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**PLEASE COMPLETE AND SIGN.**

1. DOES THE STUDENT HAVE ANY HISTORY OF ALLERGIC REACTION? £ YES £ NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2. DOES THE STUDENT CARRY AN EPI-PEN? £ YES £ NO

**IF YES, PLEASE COMPLETE THE INDIVIDUAL ANAPHYLAXIS EMERGENCY PLAN FORM**

3. DOES THE STUDENT HAVE ANY MEDICAL ILLNESS OR INJURY OR SUFFER FROM ANY OF THE FOLLOWING:

DIABETES: ☐ YES £ NO

VISION DIFFICULTY:

☐ YES £ NO

ASTHMA: ☐ YES £ NO

EPILEPSY/SEIZURES:

☐ YES £ NO

HEART DISEASE: ☐ YES £ NO

SPEECH DIFFICULTY:

☐ YES £ NO

DEAFNESS: ☐ YES £ NO

MENTAL HEALTH ISSUES:

YES £ NO

EMOTIONAL/BEHAVIOURAL ISSUES:

£ YES £ NO

**OTHER, PLEASE EXPLAIN:**

4. DOES THE STUDENT REQUIRE PRESCRIPTION MEDICATION ADMINISTERED AT SCHOOL?  
☐ YES £ NO IF YES, PLEASE COMPLETE THE FOLLOWING:

I \_\_\_\_\_ (PARENT/GUARDIAN NAME) GIVE MY CONSENT TO SAFA & MARWA ISLAMIC SCHOOL TO ADMINISTER THE FOLLOWING MEDICATION:

\_\_\_\_\_ (MEDICINE NAME)

PRESCRIBED AND APPROVED BY DR. \_\_\_\_\_ IN CASES OF EMERGENCY TO MY CHILD.

DOCTOR'S OFFICE CONTACT NUMBER: \_\_\_\_\_

IN CASE OF EMERGENCY, PERMISSION IS HEREBY GIVEN TO SAFA & MARWA ISLAMIC SCHOOL TO:

- ADMINISTER FIRST AID,
- CONTACT 911 FOR MEDICAL ATTENTION IF REQUIRED,
- RELEASE THE ABOVE INFORMATION TO A MEDICAL PRACTITIONER IF REQUIRED,
- CONTACT PARENTS IN ALL CASES

PARENT/GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE (YYYY/MM/DD): \_\_\_\_\_

**Phone: 905.000.0000**