MEDICAL INFORMATION FORM

GENERAL INFORMATION

Student's Name:	Grade:
Section: ☐ Montessori ☐ Primary ☐ Secondary ☐ Hifz	Campus: ☐ F-8 ☐ F-11 ☐ H-11

MEDICAL INFORMATION

Blood Group:

Was there any complication at the time of birth? ☐ No ☐ Yes **If yes, please explain.**

Does the child have any of the following medical conditions:

☐**Physical**	☐**Neurological**	☐**Muscular**	☐**Psychological**
☐**Learning Difficulties**	☐**Phobia of** ____________	☐**Allergies** ____________	
☐**Disability**	☐**Holds Breath**	☐**Asthma**	☐**Fits**

Please provide relevant documents and additional details.

Is the child under regular medication? ☐ No ☐ Yes **If yes, please provide details.**

Doctor's Name:	**Doctor's Clinic/Hospital:**
Doctor's Cell Phone:	**Doctor's Work Phone:**
Clinic/Hospital Address:	

Father's/Guardian's Sign: ______________________ **Mother's Sign:** ________________________

Date: ____ **Date:** ________________________________