MEDICAL INFORMATION FORM

GENERAL INFORMATION

Student's Name:	Grade:
Section: ☐ Montessori	Campus: ☐ DHA

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:** _____