



CHILD'S INFORMATION

Academic Year _____

Full Name _____

Gender _____ Date of Birth _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, if parents cannot be reached, please provide 2 emergency contacts:

Name _____ Name _____

Relationship _____ Relationship _____

Contact No(s) _____ Contact No(s) _____

FAMILY PHYSICIAN INFORMATION

Doctor's Name _____ Contact No _____

Medical Practice/Clinic _____ Tel. No _____

Practice/Clinic's Address _____

INSURANCE INFORMATION

Is your child covered by health insurance _____ If yes, Please give the following details:

Health Insurance Co. _____ Health Insurance Card No: _____

(Please also attached a photocopy of your child's health insurance card)

Does your child have a UAE Health Card: _____ ?

If yes, please attached a photocopy of your child's UAE Health Card.

MEDICAL HISTORY

Does your child have any of the following medical issues?

	Yes	No	Details (if any)
Allergies			
Other Food Intolerances/ Dietary Restrictions			
Asthma/Other Respiratory Difficulties			
Hay Fever/Sinusities			
Eczema/Skin Disorders			
Epilepsy			
Diabetes			
Heart problems			
Vision/Hearing Impairment			
Physical/Mental Disability			
Special Learning Needs			
Any Other Health Issues			