Muscat International School

Student Name: ----------

Class No: ----------

Past Medical History

Please tick if your child has/had any of the following.

	Tick
Heart	
diseases	
Asthma	
Diabetes	
Epilepsy	
Allergy	
Gastrointestinal	
Blood Disorders	
Other	

- If yes the management plan must be completed by doctor and pursed the latest report.
- If any of the above has ticked or your child has any other medical issues, please provide more information.

Medical Permission

If the parents/guardian cannot be contacted, please check the following common medication which you would like to grant the permission of the school nurse to administer to your child.

Medication	Tick		Tick	
• **Paracetamol (Panadol/Adol) for pain and fever.**		**Yes**		**No**
• **Non-steroidal anti-inflammatory (Ibuprofen) for pain relieve and anti-inflammatory.**		**Yes**		**No**
• **Cough syrup (Koflet) for cough**		**yes**		**No**
• **Antacid (Famotidine)for heart burn**		**yes**		**No**
• **Antispasmodic (Scopinal)for cramps**		**yes**		**No**

Emergency Care Plan

Where a school staff member is unable to contact me I authorize the staff member in charge to:

- Consent to my child receiving any medical attention deemed necessary by medical practitioner.
- Administer such first-aid as the staff member or school nurse judges to be necessary.

Date: _____ parents Name :_____ Signature :_____