



SHERBORNE  
QATAR

Please complete and return this form to your child's teacher on the first day with details of any medical condition or regular medication that your child is taking.

<b>Student's Name:</b>	<b>Class:</b>
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<b>Allergies :</b> (Food, drug, insect, other)
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<b>Skin Problem:</b> (eczema, Psoriasis, other)
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<b>Asthma</b>	Yes	No	<b>Diabetes</b>	Yes	No
<b>Epilepsy</b>	Yes	No	<b>headache</b>	Yes	No
<b>Nose bleed</b>	Yes	No	<b>Hearing problem</b>	Yes	No
<b>Motion sickness</b>	Yes	No	<b>Educational Psychology Report</b>	Yes	No

<b>Other illness</b> (please specify)
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<b>Is your child currently taking any medication:</b> (please list)
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<b>Does your child wear glasses/contact lenses:</b> Yes No If yes, please give more details:(i.e.: all the time, reading only, long or short distance)	<b>Does your child have vision Problem :</b> Yes No
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<b>Any other relevant health information:</b>
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<b>Did your child have</b> <b>Varicella (chickenpox)?</b> Yes No	<b>Did your child have</b> <b>German Measles (Rubella)?</b> Yes No	<b>Did your child have</b> <b>Measles?</b> Yes No
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<b>Date of last Tetanus injection or booster:</b>
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<b>Do we have the permission to provide emergency care through a clinic, hospital, private doctor or school first aid person as necessary? ) :</b> Yes No
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**Emergency Contact:**

<b>Father's Mobile:</b>	<b>Mother's Mobile:</b>	<b>Home Tel. :</b>
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<b>Another adult who is able to collect the child:</b>			
<b>Name:</b>	<b>Relation:</b>	<b>Mobile:</b>	<b>Home Tel.:</b>