



## Declaration of Student Health Form



Parent: .....

Administration of Saad Schools hopes that you fill in the application to update information regarding student health below accurately with the most recent information. All information will be dealt with in confidence

Name of student: ..... Date of birth: .....

The school is not responsible for any symptoms which occur due to unknown causes and we should know of any instances of illness or injury in order to follow up and closely monitor all health developments and to cooperate with parents.

Did the student suffer any health problem during vacation?

No  Yes

Did the student undergo any surgery or enter hospital for any reason?

No  Yes

If the student undergoes surgery or enters hospital for any reason, please provide us with a medical report of such a case.

.....

Is the student affected with anything that is unknown to us, or do they suffer from any chronic disease?

Yes  No

If yes, do they include any of the following:

- Cardiovascular: .....
- Asthma or chest diseases: .....
- Epilepsy or convulsions: .....
- Blood diseases: .....
- Allergy to any medication: .....
- Non tolerance to any kind of food: .....
- Any other case: .....

## Medications taken by the student currently:

No.	Medicine Name	Dose	Times
1.			
2.			
3.			
4.			
5.			

Please inform us in writing if the student stops taking any medicines mentioned above or takes any other medicine, or changing the dose of medicine during the academic year.

This is to certify that I, the parent, acknowledge that all information above is accurate and I have informed the school of my son / daughter's health especially if the case is infectious or contagious. I promise to inform the school formally in case my son / daughter is infected with any mentioned disease or symptom of or diseases such as cardiovascular, chest, blood diseases, epilepsy or convulsions and I am fully responsible for the consequences if I do not inform the school fully and immediately or if information is found to be inaccurate.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**School Administration**