



أكاديمية الدوحة  
DOHA ACADEMY

Please bring your child's VACCINATION RECORD to complete registration.

### Section 1. Child's Details

First Name :

Middle Name:

Last Name:

Date of Birth:

Place of Birth:

Gender:

Male

Female

### Section 2. Medical Conditions

It is important that the school be made aware of any special circumstances regarding the health of your child. To this end, please complete the following by selecting "Yes" or "No".

Does your child suffer from

Yes

No

Diabetes

Yes

No

Nut Allergies

Yes

No

Other Allergies

Yes

No

Epilepsy

Yes

No

Non-Epileptic Convulsions

Yes

No

Eyesight Difficulties

Yes

No

Hearing Difficulties

Yes

No

Take Regular Medication

Yes

No

Eczema

Yes

No

Undergone Major Surgery

Yes

No

Any Serious Illness

Yes

No

Asthma - Requires Medication

Yes

No

Mild Asthma

Yes

No

Has your child ever had any of the following diseases

German Measles (Rubella)

Yes

No

Measles

Yes

No

Mumps

Yes

No

Chicken Pox

Yes

No

Meningitis

Yes

No

Hepatitis

Yes

No

Glandular Fever

Yes

No

Whooping Cough

Yes

No

Flu

Yes

No

If you answered "Yes" to any of the above medical conditions, please provide further details. The School cannot accept responsibility for the consequences of withheld relevant information that would otherwise ensure your child's welfare.

In addition to the above, are there any other details you feel we should be aware of regarding your child's health?

Has your child been inoculated against

|                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Polio / Tetanus / Diphtheria  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B.C.G. (TB)                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measles, Mumps, Rubella (MMR) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polio                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meningitis, A, C, W135, Y     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tetanus                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Section 3. Authorisation

Please read the following carefully before signing the authorisation below:

In an emergency, the school will take whatever action is required to safeguard your child and avoid any delay that would otherwise jeopardize their life or recovery, with the understanding that every effort will be made to contact you immediately.

However, there are numerous "non-emergencies" that occur every week, when students come to the Clinic with minor ailments. These can be treated with generally available medications.

The medications that are held by the school or their equivalent are: Paracetamol sold as Panadol or Fevadol; Ibuprofen sold as Brufen, Advil or Junifen; Strepsils which are throat lozenges; Rennie's; Motillium for heartburn and stomach ache; and antihistamines for allergic reactions.

It may be that you would not wish your child to receive these or indeed any medication at all. However if you would like your child to be able to be given any of these mild treatments, the school requires your written authorisation in the form of your signature below.

Please note that the Medical staff will not administer medication to your child without this authorisation.

In the event of an emergency, I have no objection to the Medical staff in the Clinic administering necessary medication to my child, or to my child being taken to a hospital for treatment, if required.

Please select one of the following options:

I hereby authorise the school to administer the above listed medications at the discretion of the Medical staff. I hereby instruct the school NOT to administer any medication at all.

Parent/Guardian name:

Signature:(To be signed at our office)

Date:

Please note it is your responsibility to inform us if there is any change in your child's medical condition (i.e. newly developed allergies)