



**HORIZON PRIVATE SCHOOL – Branch**  
**MEDICAL RECORD**  
**2018-2019**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: M / F

- Does your child have any allergies to medications? If yes, please specify.  
\_\_\_\_\_
- Does your child have any food allergies? If yes, please specify.  
\_\_\_\_\_
- Does your child have any serious medical conditions such as diabetes, hypoglycemia, epilepsy, asthma, etc.? If yes, please specify and include the medical report.  
\_\_\_\_\_
- Does your child have any physical problem (hearing, visual, motor, etc.)? If yes, please specify and include the medical report. \_\_\_\_\_
- Does your child have any learning needs (Attention Deficit, dyslexia, dyspraxia, etc.)? If yes, please specify and include the psycho-educational report. \_\_\_\_\_
- Has your child ever undergone a major surgery? If yes, please specify.  
\_\_\_\_\_
- Does your child take regular medication? If yes, please specify.  
\_\_\_\_\_
- Do you give the school permission to give your child Panadol in case of minor headache or pain? If yes, please specify the dosage and the type of Panadol (syrup or tablets).  
\_\_\_\_\_
- Name of family clinic or doctor: \_\_\_\_\_
- Emergency contacts:  
NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_