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Consent for Medical treatment

Mini Miracles Training Institute

Child's Information

Full Name

Date of Birth (DD/MM/YY)

In case of an emergency, if parents cannot be reached, please provide two emergency contacts:

Name	Relationship	Phone Number

Family Physician information:

Doctor's name	Medical Practise/ clinic	Phone Number

Is your child covered by health insurance? Y/N

If yes, please give the following details:

Health Insurance co:

Health Insurance card No

Please attach a copy of your child's health Insurance card

Medical History

	Y	N	Details
Allergies			
Other food intolerances/ Dietary Restrictions			
Asthma			
Eczema			
Sinusitis			
Epilepsy			
Diabetes			
Heart Problems			

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Vision/ Hearing Impairment			
Physical/ Mental disability			
Special Learning Needs			
Other			

Had your child ever suffered from the following?

Illness		Date
chicken pox	**Y/N**	
pneumonia	Y/N	
tonsillitis	Y/N	
foot & mouth	Y/N	
strep throat	Y/N	
measles	Y/N	
Polio	YN	
Other	Y/N	

Illness		Date
dysentery	Y/N	
fainting illness	Y/N	
rubella	Y/N	
scarlet fever	Y/N	
swine flu	Y/N	
Ttuberculosis	Y/N	
Mumps	Y/N	

Does Your child take any regular medication? Y/N

If yes, please give details

Has your child ever been hospitalized or undergone surgery? Y/N

If yes, please give details

Date :

Signature:

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Vaccin Information

Please provide a copy of your child's latest vaccine records

I hereby confirm that all the above medical information is correct and accurate, to the best of my knowledge. I agree to provide Mini Miracles Training Institue with any changes to this information as and when I become aware of them. I have attached mt child's most up to date immunization records, as requested.

Authorization for General Medical Treatment

I hereby authorize Mini Miracles Nurse to examine my child and provide medical care to my child in case of minor accident, Injury or Illness, including but not limited bruises, bumps, cuts, grazes, stings, bites, fever, pain, etc. I further authorize Hebrew School Dubai to administer the following medication/ product in accordance with the manufacturer's written Instructions, should such medication/ product be required.

Medication/ Product Yes No Comments

Paracetamol

First Aid Ointment

Antiseptic

Insect Bite Cream

I agree not to hold Hebrew School Dubai responsible for any allergic reaction or other adverse symptoms that may result, when such medication/ products are used on the above terms.

Authorization for Emergency Medical Treatment

Authorization for Emergency Medical Treatment

In case of accident, illness or emergency, I authorize Hebrew School Dubai Nurse to provide emergency medical care to my child, including calling an ambulance and/ or physician for emergency medical treatment. In the event that I, the other parent or the Emergency contacts listed in this form cannot be reached to confirm a course of action. I take full responsibility for the emergency medical treatment required and I agree to pay for any and all cost incurred in such case. I further agree not to hold Hebrew School Dubai liable in any consequences arising from such emergency medical treatment.

Date :

Signature: