

STUDENT HEALTH RECORD

Child's Name: **Gender:** **QID:**

Date of Birth: **Nationality:**

Healthcard number:..... **Blood Group:**

Father's name: **Contact number :**

Mother's name: **Contact number :**

Emergency contact number:

Does your child suffer from any of these diseases:	YES	NO	If yes, please specify the medication
Epilepsy			
Bronchial Asthma			
Heart Disease			
Allergy to any medicine			
Is your child fully immunized in accordance with the Ministry of Health in Qatar?			
Is your child taking any medication?(If yes,pls mention the name & purpose)			

Did your child suffer from any of the following illness in the past?	YES	NO
Chicken Pox		
Measles		
Mumps		
Scarlett Fever		
Please confirm if your child currently has Head Lice & Nits (If yes, please note that the scalp must be clear of lice and nits before joining the nursery)		

Does your child follow a vegetarian diet? YES NO

Does your child have any known allergies? YES NO If yes, please specify:

In case of emergency, I give permission to the nurse to take immediate action as per the procedure given below:

- 1.First aid 2. Contact parents 3.Call 999 4.Escort the student to Hamad hospital

Signature

Date