



AI Madina  
Kindergarten

## Medical Treatment Form

Child's Name: \_\_\_\_\_

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

### Emergency Treatment

I hereby authorize staff of AI Madina Kindergarten or other qualified medical persons to give any emergency treatment and / or first aid treatment that my child may need during the course of a normal school day and at any school approved activity.

Please note any special medical condition(s) below that affects or has affected your child, however, mildly or briefly in the past such as hypoglycemia, convulsions, asthma, allergies, migraine headaches, heavy or prolonged bleeding, orthopedic conditions, surgery, etc.

Please tick (✓) the appropriate box

- ☐ No specific medical condition  
☐ Yes – listed below

My child has the following special medical conditions

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |



My child has the following allergies

1.

\_\_\_\_\_

2.

\_\_\_\_\_

Any other medical conditions or comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent:

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Date:

\_\_\_\_\_

Al Madina Kindergarten is a Supreme Education Council registered and approved school



المجلس الأعلى للتعليم  
Supreme Education Council

